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Name of the University:						
Degre	ee Title / Program:					
1.	Applicant's Name:			Gender: Male	Female	
2.	Applicant NADRA NIC No.		-		-	
3.	Marital Status Single			ced		
4. 5.						
6. 7.	Permanent Address: Are you currently working: Y		No			
8.	If answer is Yes to Section No.	. 8 complete the				
9.	Designation: Total Monthly Applicant Gro			· · _		
10	. Total Monthly Applicant Tak	e Home Income	* in Pak Rs			
	* Take Home Income: Salary					
11	. Tel (Res.):N	Iobile:	Email: _			
12	. Total Family Members curren	tly living with y	/ou:			
S #	Name of Family Member (s)	Relationship	Marital Status	Remarks**		
1						
2						
3						
4						
5						
6						
13	. Details of Family Members E	arning (Take exi	ra sheet if require	<i>d</i>):		

S #	Family Member Name	Relationship	Family Member occupation (Specify)	Organization Name	Designation	Monthly Gross Pay/Earning	Remarks
1							
2							
3							
4							
14	14 Total Monthly Family Income (add Self Income, if applicable) Pak Rupees						



15. Brothers/Sisters/Children/Family Members studying _____

S #	Name	Relation with applicant	Name & Address of Institute	Fee per month	
1					
2					
3					
4					
5					
6					
15A	15A Total Fees & Tuition Charges				

Father's Name:Computeri	zed N.I.C. No	
17. Status: Alive Deceased		
18. Professional status: Employed 🗌 Retired 🦳	Business Owner [
19. Name of Company/Employer:	20. Tel (Off):	Mobile:
21. Occupation Type:NTN		

22. Designation & Grade (BPS/ SPS/PTC etc): _____ Gross Monthly Income: _____

23. Total Net Monthly Take Home Income (Salary/ Pension/ Others):

26. Occupation and Designation _____

27. Monthly Financial Support Available to Applicant in Pak Rs.

28. Asset Income (on monthly basis)

S #	Income Source	Father	Mother	Spouse	Self	Other	Total
1	Property Rent						
2	Land Lease						
3	Bank Deposits*						
4	Shares / Securities*						
5	Other (Specify)						
28A	Total						



Total Family Monthly Income

S #	Family Member Name	Relationship	Monthly Incor from Assets		Monthly Net (Take home) Pay/Earning
1					
2					
3					
4					
5	Applicant Monthly Gros	ss Pay/Earning			
6	Applicant Monthly Net	(Take home) Pay			
29-A	Total Monthly Income in Pak Rupees		es		
29-B	-B Total Annual Income in Pak Rupees		5		
	FAMILY EXPENDI	ΓURES			
30)A. Accommodation E	xpenditures			
	Type: Bungalow	Apa	rtment /Flat	Town House	Village House
	Status: Rented	Self	or Family owned	Employ	ver / Govt Owned
	Rent Payment: S	Self	Employer/Govt		Others
	House Plot Size in	n Sq. ft	Cov	vered Area in Sq.	
S #	Accommodation Location /Address	Number Of Bed Rooms	Number Of Air conditioners	Accommodation Monthly Rent	Accommodation Annual Rent
30B	Total Accommodation R	•			
	-	tlat owned by th	ne Parents/Guardi	an (if yes please spec	ity with location
	and size)				



31. Utilities Expenditures

Last Month Utilities Paid					
Telephone	Electricity	Gas	Water		

32. Medical Expenditures: Average of last six months (Per Month Expenditure)_____

Total Family Expenditures

	Education	Accommodation	Utilities	Medical	Misc.	Total Monthly	Total Annual
S #	Expenditure	Expenditure	Expenditure	Expenditure	Expenditure	Expenditure	Expenditure
33							

S #	Description	Amounts in Pak Rupees
(Sec.29A)	Total Monthly Income	
(Sec. 33)	Total Monthly Expenditure	
34 Net Monthly Disposable Income* (29.A – 33A)		

S #	Description	Amounts in Pak Rupees
(Sec.29B)	Total Annual Income	
(Sec. 33)	Total Annual Expenditure	
35 (29.B - 33.B)	Net Annual Disposable Income*	

* If the monthly / Annual Disposable Income is negative, kindly explain the reasons for the gap, and the arrangements through which the differential gap is met by the family

Assets (with current market value)

36. Does the family own any Transport? Yes

No

If yes kindly fill the relevant details

S #	Transport Type (Car/ Motor cycle/ Others*)	Make /Model	Engine Capacity (CC)	Registration No.	Ownership Period
1					
2					

* Others: include tractor, rickshaw, bi-cycle, motorcycle rickshaw, carriage pick, truck etc.



- 37. Number of Cattle(s) (with kind)
- 38. Area and location of Land(s)/Plot(s) owned _____

Assets Title	Qty	Size	Location (Address)	Cultivable Area	Agricultural Yield per Acre
Residential					
Commercial					
Agricultural					
Employer/Govt Scheme					

39. Assets worth (Current Market Value in Pak. Rs.)

S #	Assets Title	Father	Mother	Spouse	Self	Guardian	Total
1	House						
2	Business						
3	Land & Building						
4	Bank Balance						
5	Stocks/Prize bond						
6	Others/ Cattle(s)						
40.	Total						

41. Loan taken for Applicant Education

* Family/ Friend Loan

(Specify details of loan taken and relationship with the relative / friend)

42. Any source of financing other than loan (Please specify)

43. How were the admission /first semester charges paid?

Level of Study	Name and Location of Institute	Per Month Fee	To- From month/ yr	Division/ GPA/	%age / CGPA
Bachelors					
Intermediate					
Secondary					

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Commission

45. Per month fee/ tuition charges of the institution last attended ______

46. Have you ever got any other Scholarships: Yes_____No _____

(If yes fill the details of scholarships & attach documentary proof of the scholarships)

S #	Name of Institute	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class / Level at which Scholarship was granted
1					
2					

Statement of Purpose (Explain your suitability for this scholarship) - attach separate sheet if required

UNDERTAKING

- 1. The information given in this application are true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. If any information given in this application is found incorrect or false after grant of financial assistance, the institute will stop further assistance and the student will have to refund all payment received and or penalty equal to total scholarship amount.
- 2. HEC reserves the right to use information given in this form for verification and other purposes.

Date: Parents / Guardian Signature	Applicant Signature:

For Official use only

Are the applicant documents in order? Yes No						
Application Case Review	v Dates (i)	(ii)				
Additional Remarks	Additional Remarks					
Date	Department Name	Signature Head of Department / Focal Person				