

Name of the College:

Piploma Title / Program:					
1. Applicant's Name Gende	er: Male Fen	nale			[
2. Applicant NADRA NIC No.		-			-
3. Marital StatusSing4. Age:Dom	le Married		orced		
6. Permanent Address:					
 Are you currently workin If answer is Yes to Question 	on No. 7complete t				
Designation: 9. Total Monthly Applicant					
10. Total Monthly Applicant*Take Home Income11. Tel (Res.):	Salary/Payable after	deduction of taxes	s,provident fund	charges etc.	
12. Total Family Members cu	rrently living with	you:			
#Name of Family Member(s) Relationship	Marital Stat	tus F	Remarks	
1					
2					
3					
4					
5					
6 12. Details of Family Mamba	re Forming (Tales	ntug sheat if	auinad):		
13. Details of Family Membe		xira sneet ij reg	yuirea):	Manthl	
Family Relationship	Family Member occupation	Organization	Designation	Monthly Gross	Remarks

S #	Family Member Name	Relationship	occupation (Specify)	Organization Name	Designation	Gross Pay/Earning	Remarks
1							
2							
3							
4							
14	Total Monthly						



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	Total Fees &T	uition Charges							
17. 18. 19.	16. Father's Name: Computerized N.I.C. No 17. Status: Alive Deceased 18. Professional status: Employed Retired Business Owner 19. Name of Company/Employer:								
	22. Designation & Grade (BPS/ SPS/PTC etc): Gross Monthly Income:								
23	23.Total Net Monthly Take Home Income(Salary/ Pension/Others):								
24	24. Any Other Supporting Person (Mother/ Guardian/Brother/ Sister/Family Relative/Guardian):								
25	25. Name: Relationship:								
26	5. Occupation a	nd Designation							

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

	Asset Income(on monthly basis						
1	Property Rent	Father	Mother	Spouse	Self	Other	Total
2	Land Lease						
3	Bank Deposits						
4	Shares / Securities						
5	Other (Specify)						
28A	Total						



29.Total Family Monthly Income

			X6 .11 X		
			Monthly Income	Monthly Gross	Monthly Net
S#	Family Member Name	Relationship	From Assets	Pay/Earning	(Take home)
					Pay/Earning
					i ay/Laming
1					
2					
_					
3					
5					
4					
5	Applicant Monthly Gross	Pay/Earning			
6	Applicant Monthly Net(T	ake home)Pay			
Ũ					
20	T- 4 - 1 M 41-1 I				
29-A	Total Monthly Incom	e in Pak Rupees			
	Total Annual Income	in Pak Rupees			
29-B					

30. FAMILY EXPENDITURES

30A.AccommodationExpenditures

Type: Bungalow	Apartment/Flat	Town House 🗌 Village House	
Status: Rented	Self or Family owned	Employer / Govt. Owned	
Rent Payment: Self	Others		

looms	Number of Air conditioners	Accommodation Monthly Rent	Accommodation Annual Rent
	Above6		
	,	4-6 Above6	Above6

Any other house/flat owned by the Parents/Guardian (if yes please specify 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 (29.A-33A)	Net Monthly Disposable Income*	

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 any Transport? Yes

No

If yes kindly fill the relevant details

S#	Transport Type (Car/Motorcycle/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?

44. Applicants educational record:

Level of Study(If Applicable)	Name and Location of Institute	Per Month Fee	To- From month/y ear	Division/ GPA/	%age/ CGPA
Bachelors					
Intermediate					
Secondary					



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. Theinformation given in this application are true to the best of myknowledge and I understand that any incorrect information will result in the cancellation of this application. If any information given in this application is found in corrector 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 docum	ents in order. Yes	□ No
Application Case Review	v Dates (i) ————	–(ii) ––––––––––––––––––––––––––––––––––
Additional Remarks		
Date	Department Name	Signature Head of Department /Focal Person