Higher Education Commission

Name of the University:							
Degree Ti	itle / Program:			Semes	ter		
Registrati	ion No:						
1. <b>A</b>	pplicant's Name:			Gender:	Male	Female	
2. Ap	pplicant NADRA		-			-	
NI	IC No.						
3. M	arital Status Single	Marr	ried D	ivorced			
4. Age : Domicile							
5. Present Address							
6. Permanent Address:							
7. Are you currently working : Yes No							
8. If answer is Yes to Section No. 8 complete the sections (9-13)							
Designation: Name of Employer /Company:							
9. To	otal Monthly Applicant Gro	oss Income in P	2ak Rs				
10. To	otal Monthly Applicant Tak	te Home Incom	e* in Pak Rs				
	Take Home Income: Salar			-	•		
	el (Res.):						
	otal Family Members curre		r.				
S # Na	me of Family Member (s)	Relationship	Marital Stat	us R	emarks**		
1							
2							
3							
4							
5							
6							
13. De	etails of Family Members	Earning ( <i>Take e</i>	extra sheet if req	uired):			
	amily Relationship	Family Member occupation	Organization Name	Designation	Monthly Gross	Remarks	

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

16. Father's Name:	Computerized N.I.C. No
17. Status: Alive Dece	eased
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 Hom	e Income (Salary/ Pension/ Others):

## 24. Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian):

25. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

26. Occupation and Designation \_\_\_\_\_

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

28. Asset Income (on monthly basis)

<b>S</b> #	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						



# 29. Total Family Monthly Income

		Monthly Incor	ne Monthly Gross	Monthly Net					
S #	Family Member Name	Relationship	from Assets	Pay/Earning	(Take home)				
					Pay/Earning				
1									
2									
3									
4									
5	Applicant Monthly Gros	s Pay/Earning							
6	Applicant Monthly Net	(Take home) Pay							
29-A	Total Monthly Income in Pak Rupees		es						
29-B	Total Annual Incom	e in Pak Rupees							
3	D.FAMILY EXPENDIT	ΓURES							
3	DA. Accommodation E	xpenditures							
	Type: Bungalow	Apa	rtment /Flat	Town House	Village House				
	Status: Rented	Self	or Family owned	Emplo	over / Govt Owned				
	<b>Rent Payment:</b> S	lelf	Employer/Govt		Others				
	House Plot Size in	n Sq. ft	Cov	vered Area in Sq. ft					
S #	Accommodation Location /Address	Number Of Bed Rooms	Number Of Air conditioners	Accommodation Monthly Rent	Accommodation Annual Rent				
30B	Total Accommodation R	1-2     2-4     4-6     Above 6   ental Expenditure	1-2       2-4       4-6       Above 6						
	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**

hly Total Annual
re Expenditure

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 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					

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- \* 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.)

<b>S</b> #	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	Name and Location of Institute	Per Month Fee	To- From month/ yr.	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. 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 applicar	nt documents in order?  Yes	□ No
	se Review Dates (i)	(ii)
Additional Rem	arks	
Date	Department Name	Signature Head of Department / Focal Person