# Name of the University: Degree Title / Program:

1. **Applicant’s Name:**  Gender: Male  Female
2. Applicant CNIC #

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | - |  |  |  |  |  |  |  | - |  |  |

1. Marital Status Single Married  Divorced
2. Age : Domicile
3. Present Address
4. Permanent Address:
5. Are you currently working: Yes  No
6. Tel (Res.): Mobile: Email:
7. Total Family Members currently living with you:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S # | Name of Family Member (s) | Relationship | Marital Status | Remarks\*\* |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

1. Details of Family Members Earning

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S # | Family Member Name | Relationship | Family Memberoccupation (Specify) | Organization Name | Designation | MonthlyGross Pay/Earning | Remarks |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
|  | Total Monthly Family Income (add Self Income, if applicable) Pak Rupees |  |  |

1. Brothers/Sisters/Children/Family Members studying

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S # | Name | Relation withapplicant | Name & Address of Institute | Fee per month |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
|  | Total Fees & Tuition Charges |  |

1. **Father/Guardian’s Name:** Computerized N.I.C. No
2. Status: Alive  Deceased (In case of father)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 18. Professional status of father/Guardian: Employed |  | Retired |  | Business Owner |  |
| 19. Name of Company/Employer: |  |  |  | 20. Tel (Off): | Mobile: |

1. Occupation Type:
2. Designation & Grade (BPS/ SPS/PTC etc): Gross Monthly Income:

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

1. **FAMILY EXPENDITURES:**

**30A. Accommodation Type**

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

House Plot Size in Sq. ft. Covered Area in Sq. .

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S # |  |  |  |  | Number Of Airconditioners | Accommodation Monthly Rent | Accommodation Annual Rent |
| Accommodation Location /Address | Number Of Bed Rooms |
|  |  |  | 1-2 |  |  |  | 1-2 |  |  |  |  |
| 2-4 |  | 2-4 |  |
| 4-6 |  | 4-6 |  |
| Above 6 |  | Above 6 |  |
| **30B** | Total Accommodation Rental Expenditure |  |  |

# Utilities Expenditures

|  |
| --- |
| Last Month Utilities Paid |
| Telephone | Electricity | Gas | Water |
|  |  |  |  |

1. **Medical Expenditures:** Average of last six months Expenditure

# Total Family Expenditures

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

* 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
1. 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.

1. Number of Cattle(s) (with kind)
2. 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 |  |  |  |  |  |

1. 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 |  |  |  |  |  |  |

1. How were the admission /first semester charges paid?
2. **Applicants educational record: Enclose DMCor Degree**

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

# 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 Dates (i) (ii)

Additional Remarks

Date

Department Name

Signature Head of Department / Focal Person