

APPLICATION FORM

Name:			
Department: _	Cam	ipus:	
Semester:	Date	of Submission:	
Note: Students signature of DI	must take picture of this page to cl FA member.	aim his or her appli	ication submission after the
	DOCUMENTS	ATTACHED	
	Application Form	Yes	No
	Parents CNIC (Both)	Yes	No
	Applicant CNIC	Yes	No
	Educational Details	Yes	No
	Salary/pension slip or income ce	rtificate Yes	No
	Any other (limited to the require	d) Yes	No

Kindly do not submit any additional documents, Deed of agreements will be submitted after the final selection, no pictures or routine medical bills

Signature: Student with Name

Signature: DFA

Application will be rejected if;

- 1. Incomplete application, all the heads must be filled otherwise application will be cancelled.
- 2. If Overwriting and cutting was found
- 3. Sharing of false and incorrect information





It is certify that the application is received during the closing date i.e. 26th of December 2023

Name:		Signatu	re:		
·	of documents and				
Name: Javed I	qbal (Ph.D.)	Signatur	'e:		
	GPA and CGPA 2.9	and Above		Yes	No
	FA/F.Sc 60% (Only	/ for First seme	ster)	Yes	No
	Fail in any subject v	which is not cle	ared yet	Yes	No
	Not promoted			Yes	No
	Any disciplinary in	quiry		Yes	No
	Pervious Fee is clea	ured		Yes	No
1. Student eligi	ble for Department	al Selection			
		Signature			
2. Status after	DSC interview	Selected Signature	Not Select	ted	
3. Status after	ISAC interview	Selected Signature	Not Select	ted	







	1. Applicant's Name:			_Gender: Male	Female	
	2. Applicant C NIC No.		-		-	
	3. Marital Status Single	Married	Divorced]		
2	4. Age : Domi	cile				
4	5. Present Address					
e	6. Permanent Address:					-
7	7. Are you currently working:	Yes No				
8	8. If answer is Yes to Section 1	No. 8 complete t	he sections (9-	13)		
	Designation:	Name of	f Employer /Co	ompany:		-
ç	9. Total Monthly Applicant Gr	oss Income in P	ak Rs			
]	10. Total Monthly Applicant Ta	ke Home Incom	e* in Pak Rs			_
	* Take Home Income: Salary / I	Pay available after d	leduction of taxes	, provident fund cha	arges etc.	
]	11. Tel (Res.):N	lobile:	Email	:		
	12. Total Family Members curre					
] S #	12. Total Family Members curre Name of Family Member (s)	ently living with Relationship	you: Marital Status	Rem	arks**	_
				Rema	arks**	
S #				Rema	arks**	
S #				Rema	arks**	_
s # 1 2				Rema	arks**	
s # 1 2 3				Rema	arks**	
s # 1 2 3 4				Rema	arks**	
\$# 1 2 3 4 5				Rema	arks**	
S # 1 2 3 4 5 6				Rema	arks**	





 Image: Konstruction
 Image: Konstruction

S	Family	Relationship	Family Member	Organization	Designation	Monthly	Remarks
#	Member Name		occupation	Name		Gross	
			(Specify)			Pay/Earning	
1							
2							
3							
4							
5							
6							
7							
14	Total Monthly	Family Income	(add Self Income, i	f 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				
7				
8				
15A	Total Fees & T	Fuition Charges	S	
16	5. Father's Nar	ne:	Computerized N.I.C. No	
17	7. Status:	Alive	Deceased	
18	8. Professional	status	: Retired Employed	Business Owner
19	. Name of Com	pany/Employer:	20. Tel (Off): Mobile:	
21	. Occupation Ty	pe:	NTN	





 HEC Need Based Scholarship Program 2023-24

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

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

25. Name: _______ Relationship: ______

Occupation and Designation

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

27. AssetIncome (on monthly basis)

	IncomeSource	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

S#	Family Member Name	Relationship	Monthly Income from Assets	Monthly Gross Pay/Earning	Monthly Net (Take home)
					Pay/Earning
1					
2					
3					
4					
5					
6	Applicant Monthly Gross	Pay/Earning			
7	Applicant Monthly Net (T	Sake home) Pay			



tal Monthly Inco tal Annual Incor MILY EXPEND ccommodation	ome in Pak Rupe ne in Pak Rupee DITURES	ees s	Town House	Village House
MILY EXPEND	DITURES Expenditures		□ Town House	Village House
ccommodation	Expenditures	t /Flat	Town House	Village House
ungalow	Apartmen	t /Flat	Town House	Village House
Rented	Self or Fai	mily owned	Employ	yer / Govt Owned
yment: Self	Emp	oloyer/Govt		Others
ot Size in So	Any oth	ner house/flat o	Covered with the Parent	d Area in Sq. s/Guardian (if yes
Accommodation	Number Of Bed Rooms	Number Of Air conditioners	Accommodation Monthly Rent	Accommodation Annual Rent
	1-2 2-4 4-6 Above 6	1-2 2-4 4-6 Above 6		
002	ition /Address	1-2 2-4 4-6 Above 6	ation /Address Bed Rooms conditioners 1-2 1-2 1-2 2-4 2-4 2-4 4-6 4-6 4-6 Above 6 Above 6 1	ation /Address Bed Rooms Conditioners Monthly Rent 1-2 1-2 2-4 2-4 2-4 2-4 4-6 4-6

31. Utilities Expenditures

Last Month Utilities Paid				
Telephone	Electricity	Gas	Water	

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

33. Total Family Expenditures

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





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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
S # (Sec.29B)	Description Total Annual Income	Amounts in Pak Rupees
	1	Amounts in Pak Rupees

* 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 #		Make	Engine Capacity (CC)	Registration No.	Ownership
		/Model			Period
	Transport Type (Car/				
	Motor cycle/ Others*)				
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 Sc	cheme							
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 by Applicant for 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. Applica	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/Levelatwhich Scholarship was granted	
1						
2						

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

TIN	DER	TAK	ING

- 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: _____

Signature Head of The Department or DSC_____

