

## Name of the University:

Deg	gree Title / Prog	gram:							
						Male	Female		
	2. Applicant N	ADRA NIC		-			-		
	No.								
	3. Marital Stat	tus Singl	e	Married	Divorced				
	4. Age :	Domic	ile						
	5. Present Add	lress							
	6. Permanent Address:								
	7. Are you currently working: Yes No								
	8. If answer is	Yes to Section	No. 8 complete	the sections (9-1	.3)				
	Designatio	n:	Nar	ne of Employer	/Company:				
	9. Total Montl	hly Applicant G	ross Income in F	Pak Rs					
	10. Total Montl	hly Applicant Ta	ake Home Incom	ne* in Pak Rs					
	* Take Ho	me Income: Sala	ary / Pay available a	after deduction of ta	axes, provident fu	and charges etc.			
			Mobile:						
	12. Total Famil	y Members curi	ently living with	n you:					
S #	Name of Fai	mily Member (s	) Relationship	Marital Stat	us F	Remarks**			
1									
2									
3									
<del>4</del> 5									
6									
	13. Details of F		Earning (Take e	extra sheet if req	uired):				
S	Family	Relationship	Family Member	Organization	Designation	Monthly			
#	Member Name		occupation	Name		Gross	Remarks		
			(Specify)			Pay/Earning			
1									
2									
3									
4									
14	Total Monthly	Family Income	e (add self incom	ne, if applicable)	Pak Rupees				



15. Brothers/Sisters/Children/Family Members studying

		Relation with						
S #	Name	applicant	N	Name & Address of Institute				month
1								
2								
3								
4								
5								
6								
15A	Total Fees & T	Fuition						
	Charges							
16	. Father's Nan	ne:		Computeri	zed N.I.C. N	lo		
17	. Status: Aliv	e 🗌		Deceased	_			
18	. Professional s	tatus: Employe	ed 🗌	Retired	Busine	ss Owner		
	. Name of Com					L		
20	. Tel (Off):			N	lobile:			
	. Occupation T							
22	. Designation &	& Grade ( BPS/	SPS/PTC	C etc):	Gross I	Monthly Ir	ncome:	
23	. Total Net Mor	nthly Take Hon	ne Incom	e (Salary/ Pe	ension/ Othe	rs):		
24	.Any Other Su	oporting Persor	(Mother	:/ Guardian/	Brother/ Sis	ter/Family	v Relative/G	uardian):
25	. Name:			I	Relationship	:		
26	. Occupation an	nd Designation						
	. Monthly Fina . <b>Asset Income</b>			to Applicant	in Pak Rs.			
S #	Income	、 、	Father	Mother	Spouse	Self	Other	Total
1	Property Ren	it						
2	Land Lease							
3	Bank Deposi	ts*						
4	Shares / Secu	urities*						
5	Other (Speci	fy)						
28A	Total							



Р	ag	e	3	of	6

	. Total Family Month							
S #	Family Member Name	e Relationship	-					
		from Asset	ts Pay/Earning	(Take home)				
1					Pay/Earning			
1								
2								
3								
4								
5	Applicant Monthly Gro	oss Pay/Earning						
6	Applicant Monthly Net	(Take home) Pay						
29-A	Total Monthly Inco	me in Pak Rupe	es					
29-B	Total Annual Incom	ne in Pak Rupees	5					
	.FAMILY EXPENDI	TURES						
30	A. Accommodation <b>B</b>	Expenditures						
	Type: Bungalo	_	ment /Flat	Town Hous	e 🗌 Village 🗌			
	House							
	Status: Rent	ted Self o	or Family owned	Employer / C	Govt Owned			
	Status: Rent Rent Payment: S		or Family owned Employer/Go		Govt Owned			
	Rent Payment: S	Self	Employer/Go	vvt	Others			
S #		Self in Sq. ft Number Of	Employer/Go		Others			
S #	<b>Rent Payment:</b> House Plot Size i	Self in Sq. ft	Employer/Go Co Number Of Air	overed Area in Sq. ft.	Others			
S #	Rent Payment: S House Plot Size i Accommodation	Self in Sq. ft Number Of	Employer/Go Co Number Of	overed Area in Sq. ft.	Others Accommodation			
S #	Rent Payment: S House Plot Size i Accommodation	Self in Sq. ft Number Of	Employer/Go Co Number Of Air conditi	overed Area in Sq. ft.	Others Accommodation			
S #	Rent Payment: S House Plot Size i Accommodation	Self in Sq. ft Number Of Bed Rooms	Employer/Go Co Number Of Air conditi ners	overed Area in Sq. ft.	Others Accommodation			
S #	Rent Payment: S House Plot Size i Accommodation	Self in Sq. ft Number Of Bed Rooms	Employer/Go Co Number Of Air conditi ners	overed Area in Sq. ft.	Others Accommodation			
S #	Rent Payment: S House Plot Size i Accommodation	Self in Sq. ft Number Of Bed Rooms	Employer/Go Co Number Of Air conditi ners	overed Area in Sq. ft.	Others Accommodation			
S #	Rent Payment: S House Plot Size i Accommodation	Self in Sq. ft Number Of Bed Rooms	Employer/Go Co Number Of Air conditi <sub>ners</sub>	overed Area in Sq. ft.	Others Accommodation			
S #	Rent Payment: S House Plot Size i Accommodation	Self in Sq. ft Number Of Bed Rooms	Employer/Go Co Number Of Air conditi ners	overed Area in Sq. ft.	Others Accommodation			
S #	Rent Payment: S House Plot Size i Accommodation	Self in Sq. ft Number Of Bed Rooms	Employer/Go Co Number Of Air conditi ners	overed Area in Sq. ft.	Others Accommodation			
S #	Rent Payment: S House Plot Size i Accommodation	Self in Sq. ft Number Of Bed Rooms 1-2 2-4 4-6	Employer/Go Co Number Of Air conditi <sub>ners</sub> 1-2 2-4 4-6	overed Area in Sq. ft.	Others Accommodation			
	Rent Payment: S House Plot Size i Accommodation	Self	Employer/Go Co Number Of Air conditi ners 1-2 2-4 4-6 Above 6	overed Area in Sq. ft.	Others Accommodation			



## **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

Ass	ets (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		
	T (T	/Model			Period		

	Transport Type (Car/ Motor cycle/ Others*)	/Model	5	Period
1				



\* 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:						
I aval of Study	Name and Location of	Per Month	To- From	Division/	%age/	
Level of Study	Institute	Fee	month/ yr.	GPA/	CGPA	



Bachelors		Grade	
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

 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:
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For Official use only Are the applicant docum	ments in order?  Yes	No No
Application Case Revie Additional Remarks	ew Dates (i)	(ii)
Date	Department Name	Signature Head of Department / Focal Person