



APPLICATION FORM

Name: _____

Department: _____ Campus: _____

Semester: _____ Date of Submission: _____

Note: Students must take picture of this page to claim his or her application submission after the signature of DFA member.

DOCUMENTS ATTACHED

Application Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parents CNIC (Both)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Applicant CNIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Educational Details	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Salary/pension slip or income certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any other (limited to the required)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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: _____ Signature: _____

Initial Scrutiny of documents and eligibility checked

Name: Javed Iqbal (Ph.D.) Signature: _____

GPA and CGPA 2.5 and Above	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FA/F.Sc 50% (Only for First semester)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fail in any subject which is not cleared yet	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Not promoted	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any disciplinary inquiry	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pervious Fee is cleared	<input type="checkbox"/> Yes	<input type="checkbox"/> No

1. Student eligible for Departmental Selection _____

Signature _____

2. Status after DSC interview Selected Not Selected

Signature _____

3. Status after ISAC interview Selected Not Selected

Signature _____

DegreeTitle/Program: _____

1. **Applicant's Name:** _____ Gender: Male Female

2. Applicant C NIC No.

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3. Marital Status Single Married Divorced

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. Total Monthly Applicant Gross Income in Pak Rs. _____

10. Total Monthly Applicant Take Home Income* in Pak Rs. _____

* Take Home Income: Salary / Pay available after deduction of taxes, provident fund charges etc.

11. Tel (Res.): _____ Mobile: _____ Email: _____

12. Total Family Members currently living with you: _____

S #	Name of Family Member (s)	Relationship	Marital Status	Remarks**
1				
2				
3				
4				
5				
6				
7				
8				
9				

13. Details of Family Members Earning (*Take extrasheet if required*):

S #	Family Member Name	Relationship	Family Member occupation (Specify)	Organization Name	Designation	Monthly Gross Pay/Earning	Remarks	
1								
2								
3								
4								
5								
6								
7								
14	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				
7				
8				
15A	Total Fees & Tuition Charges			

16. **Father's Name:** _____ Computerized N.I.C. No _____

17. Status: Alive Deceased

18. Professional status: Retired Employed 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 Home Income (Salary/ Pension/ Others): _____

25. Name: _____ Relationship: _____

Occupation and Designation _____

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

27. **Asset Income** (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 (Take home) Pay				

29-A	Total Monthly Income in Pak Rupees			
29-B	Total Annual Income in Pak Rupees			

30. FAMILY EXPENDITURES

30A. Accommodation Expenditures

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. ft. _____
 Any other house/flat owned by the Parents/Guardian (if yes please specify with location and size) _____

S #	Accommodation Location /Address	Number Of Bed Rooms		Number Of Air conditioners		Accommodation Monthly Rent	Accommodation Annual Rent
		1-2	2-4	4-6	Above 6		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30B	Total Accommodation Rental Expenditure						

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

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

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 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. 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				
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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.
- 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 _____