

HEC NEEDS BASED SCHOLARSHIP APPLICATION FORM

Scholarship is based on assessment of need and merit as well as availability of funds. Selection will be Decided on the basis of information provided in this form and investigations for the authentication of provided information. Candidate may be required appearing for interview (s).

PROVIDING FALSE INFORMATION

Providing false information may result all of the following:

- Cancellation of admission.
- Rustication from the university.
- Initiation of criminal proceedings.
- Disqualification for award of any future loan/scholarship.
- Refund of all the payment received and or a penalty equal to total scholarship amount.

INSTRUCTIONS FOR FILLING OUT THE SCHOLARSHIP APPLICATION FORM:

- ✓ Fill in the form using black ball point pen and write in capital letters
- ✓ Read the application form carefully.
- ✓ Make a photocopy of the application form
- ✓ Complete the photocopy form and make sure everything is correct and final
- ✓ Copy all information from photocopied form to the original form
- ✓ Submit duly completed application form to the admission officer focal person
- ✓ Furnish factual, comprehensive and authentic information in the form
- ✓ For family financial reporting parents/guardian maybe consulted for guidance
- ✓ Whenever in doubt or lost, seek help from the Focal Person
- ✓ Ensure that you have attached all the required documents by putting a tick mark in checklist
- ✓ Answer all questions. Those not applicable should be marked “N/A”
- ✓ Affidavit needs to be submitted after final selection of the candidate

Application Form Check List

Sr. No	Documents	Attached
1	Copies of CNIC	
	Father	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Mother	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Guardian	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
2	Income/Salary Certificate	
	Father	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Mother	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Guardian	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
3	Copies of last month utility bills	
	Electricity	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Gas	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Telephone	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Water	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
4	Attested copy of rent agreement (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
5	Copies of last & latest fee receipts of self and siblings	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
6	Copies of Medical bills/ expenditure related documents (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
7	Copies of previous scholarship(s) attained (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
8	Statement of Purpose & passport size Photographs	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
9	Picture of house (Inside & Front View)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
10	Verified Result Card of Last Semester with GPA/CGPA	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
11	Copies of Paid Fee Voucher of Last Semester	

6. Current Monthly Educational Expenditure of family(Add extra sheet if required)

Name	Relationship with Applicant	Institution Name	Type of Institution	Class	Per Month Education Expenditure
			Public <input type="checkbox"/> Private <input type="checkbox"/>		
			Public <input type="checkbox"/> Private <input type="checkbox"/>		
			Public <input type="checkbox"/> Private <input type="checkbox"/>		
Total(Per Month) [Please convert semester, bi annual expenditure into monthly expenditure]					

7. Monthly Family Expenditure

Detail	Per Month Amount
Average <u>Telephone bill</u> of last Six months(Please attached Bills with application form]	
Average <u>Electricity bill</u> of last Six months(Please attached Bills with application form]	
Average <u>Gas bill</u> of last Six months(Please attached Bills with application form]	
Average <u>Water bill</u> of last Six months(Please attached Bills with application form]	
Average Family Educational Expenditure other than applicant	
Applicant Educational Expenditure	
Average Family Expenditure on Kitchen/Food	
Average Family Medical Expenditure (Please attached Bills with application form]	
Accommodation Expenditure , in case of rent(Please attached rent agreement]	
Average Family Misc. Expenditure including taxes paid	
Total Monthly Expenditure	

Detail	Per Month Amount
Disposable Income (Total Monthly Gross Income – Total Monthly Expenditure)	

8. If the monthly Disposable Income is negative kindly explain the reasons for the gap, and the arrangements through which the differential gap is met by the family

9. Accommodation

Type :	Bungalow <input type="checkbox"/> Apartment/ Flat <input type="checkbox"/> Village House <input type="checkbox"/> Town House <input type="checkbox"/>	Structure of House:	Pucca <input type="checkbox"/> Semi Pucca <input type="checkbox"/> Kutchha <input type="checkbox"/>
Status :	Self Owned <input type="checkbox"/> Family Owned <input type="checkbox"/> Rented <input type="checkbox"/> Employer Owned <input type="checkbox"/>	No of Rooms:	1 <input type="checkbox"/> 2-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6-8 <input type="checkbox"/>
Size of Home [in Sq. Ft]		Covered Areas[in Sq. Ft]:	
No of Air Conditioners:	0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> Above 4 <input type="checkbox"/>	Number of Servants:	0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> Above 4 <input type="checkbox"/>
Address / Location of House:			
Current Market Value of House:		Monthly Rent Paid(if applicable):	

10. Assets

Does the family own any Transport Yes No , if yes please fill the following

Type of Transport (Motor Bike/Car etc.)	Engine Capacity CC	Quantity	Current Market Value
Total Value of Transport			

Does the family own any cattle Yes No , if yes please fill the following

Type of cattle	Quantity	Current Market Value
Total Value of cattle		

Other Assets	(If Yes Fill The Next Columns)	Quantity	Current Market Value
Does the family have any Stocks/Prize bond	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does the family have any Bank Balance	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does the family have any Plot(s) Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size in Sq Ft	
Does the family have any other House	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size in Sq Ft	
Does the family have any Agriculture Land	Yes <input type="checkbox"/> No <input type="checkbox"/>	Size in Acre:	
Does the family have any Business	Yes <input type="checkbox"/> No <input type="checkbox"/>	N/A	
Any other Asset			
Total			

Have You ever been awarded any Scholarship Yes/No _____ If yes then please provide details.

S#	Name of Institute	Scholarship Name	Total Amount	Scholarship Period	Class/Level at Which Scholarship Was Granted

Statement of Purpose (attach separate sheet if required).

Under taking

- The information given in this application is 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 and University reserve the right to use information given in this form for verification and other purposes.

Applicant Signature: _____

Parent/Guardian Signature: _____

Date: _____

Date: _____

Recommendation by Head of Concerned Department

Name of HOD: _____ **Contact No:** _____

Remarks _____ **Signature** _____
(With Stamp)

For Official Use Only

Application Form Complete with supporting documents? Yes No

Application Case review Dates(i) _____ (ii) _____

Additional Remarks:

Date **Signature of Focal Person**