

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

	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.
INST	RUCTIONS FORFILLING OUT THE SCHOLARSHIP APPLICATION FORM:
\checkmark	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
\checkmark	Complete the photocopy form and make sure everything is correct and final
✓	Copy all information from photocopied form to the original form
\checkmark	Submit duly completed application form to the admission officer focal person
\checkmark	Furnish factual, comprehensive and authentic information in the form
\checkmark	For family financial reporting parents/guardian maybe consulted for guidance
\checkmark	Whenever in doubt or lost, seek help from the Focal Person
\checkmark	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□ No□ N/A□
	Mother	Yes□ No□ N/A□
	Guardian	Yes□ No□ N/A□
2	Income/Salary Certificate	
	Father	Yes□ No□ N/A□
	Mother	Yes□ No□ N/A□
	Guardian	Yes□ No□ N/A□
3	Copies of last month utility bills	
	Electricity	Yes□ No□ N/A□
	Gas	Yes□ No□ N/A□
	Telephone	Yes□ No□ N/A□
	Water	Yes□ No□ N/A□
4	Attested copy of rent agreement (if applicable)	Yes□ No□ N/A□
5	Copies of last & latest fee receipts of self and siblings	Yes□ No□ N/A□
6	Copies of Medical bills/ expenditure related documents (if applicable)	Yes□ No□ N/A□
7	Copies of previous scholarship(s) attained (if applicable)	Yes□ No□ N/A□
8	Statement of Purpose & passport size Photographs	Yes□ No□ N/A□
9	Picture of house (Inside & Front View)	Yes□ No□ N/A□
10	Verified Result Card of Last Semester with GPA/CGPA	Yes□ No□ N/A□
11	Copies of Paid Fee Voucher of Last Semester	

Affix your



University Name:_

General Information

Class/Program:

Program Duration:	Current	Semester:				Recent Passport
Session:	Roll No:	GP	A/CGPA of I	Last Semester		Size Photograph
	1. A	pplicant	Informatio	n		
Name:			Gender	Male □I	Female □	
Father's Name:			Guardian N [if applicabl	•		
CNIC Number/ Form B	No:					
-		-	Applicant's Marital Stat	-	Married□Sepa	rated/divorced
Date of Birth (dd/mm/yyyy)			Age:			
Nationality:			Domicile:			
Mobile No:			PTCL:			
Present Address:						
Permanent Address:						
	2 Pi	T.14		1: <i>4</i>		
	2. Previous			ppncant		
Level of Study	Name of the Institution	Type of	f Institution	Start- End Date	Per Month Fee	Division/ GPA/ Grade
Secondary School Certific	eate	Public□	Private□			
Higher Secondary School Certificate		Public□	Private□			
Bachelors or equivalent		Public□	Private□			
	l	1		1	I	l



		3.	Family in	formatio	n			
Father Status Alive□ Deceased □				Earning Status:		Earning □ Not Earning □		
						Physically Disabl	le Retired	
Father CNIC:				Profession		Pensionable Retired □Public /Government Job □ Private Sector Job □ Business□ Farmer □ Laborer □self-employed □Other □Detail in case of Other		
Father/Gua Employer/ Company	·- ·- ·- ·			Address of I				
Father/Guardian NTN Number and In				Financial Support other than father Income [Please check the relevant boxes]		Mother \square Brother(s) \square Sister \square Uncle(s) \square Aunt(s) \square Other \square Not Applicable \square		
		4	. Family N	Members				
Dependent	Family Members:_		Total	l Earning N	Member(s)		
Family Me	ember(s) Studying_							
S#	Name of Family M	lember(s)	Relation	onship Mari		ital Status	Remarks	
1								
2								
3								
4								
5								
	_			, ,		• 1)		
	5.	Family Inco	ome (Add e	xtra she	et if rec	(uired)		
Name of e	arning person	Profession	with	tionship licant		ss Monthly Income	Net Monthly Income	
	Total Monthly I							
S	Total Annual In ource of Income of			S	Mont	thly Income	Annual Income	
Family Incom	e from Land/own business							
	e from Stock/Prize Bonds/0	Cattles etc						
Other								

Total Income in Pak Runees



Name	Relationship with Applicant	Institution Name	Type of Institution	Class	Per Month Education Expenditur
			Public□		
			Private□		
			Public□		
			Private□		
			Public□		
			Private□		
[Please convert semester, bi an		to monthly expendi	1		
	Detail	· ·		Per Month Amount	
Average Telephone bill of last Six mont					
Average Electricity bill of last Six month	hs(Please attached Bills wi	th application form]			
Average Gas bill of last Six months(Plea	ase attached Bills with app	lication form]			
Average Water bill of last Six months(P	lease attached Bills with ap	oplication form]			
Average Family Educational Expenditur	e other than applicant				
Applicant Educational Expenditure					
Average Family Expenditure on Kitcher	/Food				
Average Family Medical Expenditure (F	Please attached Bills with a	pplication form]			
Accommodation Expenditure, in case o	f rent(Please attached rent	agreement]			
Average Family Misc. Expenditure inclu	iding taxes paid				
		Total Monthly	Expenditure		
	Detail			Per Mon	th Amoun
			(penditure)	1	



1010								
		9. Accon	nmodati	ion				
Type:	Bungalow □ Apartment/ Flands □ House □ Town House □		Structi	ure of	Pucca□ Sem	ni Pucca□	Kutcha 🗆]
Status:	Self Owned □Family Owne Rented □ Employe		No of	Rooms	: 1□2-3□4-6	□6-8□		
Size of Home [in	Sq. Ft]		Cover	ed Area	as[in Sq. Ft]:	:		
No of Air $0 \square 1-2 \square 3-4 \square$ Above $4 \square$ Number of Conditioners: Servants:					0□1-2□3-4	☐ Above	4□	
Address / Location	on of House:							
Current Market V	/alue of House:		Month	ıly Rent	t Paid(if appl	licable)	:	
		10_/	-aaata					
Does the family of	own any Transport Yes□		Assets	11 the fo	Mowing			
Does the family c	JWII ally Transport Tes	I NO□, 11 yes	picase 11	II the ro	Howing		_	
Type of Transport (Motor Bike/Car etc.)					Engine Capacity CC	eity Ma		Current Market Value
		Total Value	e of Trans	sport				
Does the family of	own any cattle Yes No	\Box , if yes ple	ease fill th	ne follov	ving	<u> </u>		
	Type of cattle				Qua	ntity		Current Market Value
		Total V	Value of c	attle				
C	Other Assets	(If Yes I Next Co			Quantity			ent Market Value
Does the family have a	any Stocks/Prize bond	Yes□ No □						
Does the family have a	nny Bank Balance	Yes□ No □						
Does the family have a	nnv Plot(s)Yes□ No □	Yes□ No □		Size in So	g Ft			
Does the family have a	any other House	Yes□ No □		Size in So	g Ft			
Does the family have a	ny Agriculture Land	Yes□ No □		Size in A	cre:			
Does the family have a	ınv Business	Yes□ No □		N/A				
Any other Asset								

Total



łave You	u ever been awarded any Schol	tarship Yes/No	If yes then please pro	ovide details.				
S#	Name of Institute	Scholarship Name	Total Amount	Scholarship Period	Class/Level at Which Scholarship Was Granted			
Statem ———	nent of Purpose (attach	separate sheet if requ	uired).					
		Und	der taking					
1. The	information given in this app			nd I understand th	at any incorrect information w			
		_			d incorrect or false after grant			
			ace and the student	will have to refu	nd all payment received and			
-	alty equal to total scholarship							
2. HEC	C and University reserve the r	right to use information giv	/en in this form for vo	erification and our	er purposes.			
Apj	plicant Signature:		Parent/Gı	aardian Signat	ture:			
Dat	te:		Date:					
	Rec	commendation by He	ead of Concerned	l Department				
Naı	me of HOD:		Contact No:					
Rer	marks		Signature(With Stamp)					
		For Offi	icial Use Only					
Applica	ation Form Complete wit]				
Applic	cation Case review Dates	s(i)	(ii)					
	ional Remarks:							