**KDDP Scholarship Application Form**

**No. \_\_\_\_\_**

**Name** **of** **the** **University:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Degree** **Title** **/** **Program:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | - |  |  |  |  |  |  |  | - |  |  |

1. **Applicant’s** **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: Male Female 2. Applicant CNIC No.

1. Marital Status Single Married Divorced
2. Age : \_\_\_\_\_\_\_\_\_ Domicile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Present Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Tel (Res.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12. Total Family Members currently living with you: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| S  # | Family  Member Name | Relationship | Family Member occupation  (Specify) | Organization  Name | Designation | Monthly  Gross  Pay/Earning | Remarks |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| **14** | Total Monthly Family Income (add Self Income, if applicable) Pak Rupees | | | | |  |  |

1. Brothers/Sisters/Children/Family Members studying \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Relation |  |  |
| S # | Name | with  applicant | Name &Address of Institute | Fee per month |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| **15A** | Total Fees & Tuition Charges | | |  |

1. **Applicant Father’s** **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Computerized N.I.C. No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Status: Alive Deceased

Retired

1. Professional status: Employed Business Owner
2. Name of Company/Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20. Tel (Off): \_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_
3. Occupation Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NTN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Designation & Grade (BPS/ SPS/PTC etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_
5. Total Net Monthly Take Home Income (Salary/ Pension/ Others): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 24.\
6. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Occupation and Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Monthly Financial Support Available to Applicant in Pak Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **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 |  |  |  |  |  |

1. **Per** **month** **fee/** **tuition** **charges** **of** **the** **institution** **last** **attended** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **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**

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. HED reserves the right to use information given in this form for verification and other purposes.

Date: Parents / Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For** **Official** **use** **only**

Are the applicant documents in order? Yes No

|  |
| --- |
| Application Case Review Dates (i) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ii) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Poverty Score Card as per BISP /NSER of the Applicant / Household \_\_\_\_\_\_\_\_\_\_\_\_\_  Remarks:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Date Department Name Signature Head of Department / Focal Person |