

Scholarship Form

This scholarship is based on assessment of legitimate need. The committee takes decisions on the basis of information provided in this form and its own investigations.

IN CASE OF PROVIDING FALSE INFORMATION:

- The admission of the Candidate will be cancelled.

- In case of existing students, immediate repayment of the total Scholarship along with a **fine** amounting to the Scholarship paid to the student will be required. Such a student will also be disqualified for applying for any further loan / scholarship.

NON – FINANCIAL DETAILS OF THE FAMILY

Section A: *Applicant's information*

1. **Applicant's Name** _____
2. Enrolment Number _____
3. CNIC Number _____
4. Residential Address: _____
5. Tel. # (Res) _____ Cell Phone # _____ Fax # _____ Email _____
6. Marital Status : Single Married
7. Name of Educational Institution last attended:
 - a) Secondary School _____
 - b) Higher School _____
 - c) University _____
8. Name and Other Details (including contact number) of Student's Loan / Scholarship availed, if any:
 - a) Existing _____
 - b) Past _____
9. Present Occupation (if any, please give full details) _____
10. Nature of employment _____ Name of Company / Employer _____
11. Monthly Income Gross _____ Net _____
12. Annual Income Gross _____ Net _____
13. Previous Occupation (if applicable) _____

1. **Father's / Guardian's Name** _____

2. CNIC Number _____

3. Residential Address (if different from above): _____

4. Tel. # (Office) _____ Cell Phone # _____ Fax # _____ Email _____

5. Present Occupation (Give full details) _____

6. Designation _____ Name of Company / Employer _____

7. Monthly Income Gross _____ Net _____ Pension (if retired) _____

8. Annual Income Gross _____ Net _____

9. Previous Occupation (if applicable) _____

10. **Mother's Name** _____

11. CNIC Number _____

12. Residential Address (if different from above): _____

13. Tel. # (Office) _____ Cell Phone # _____ Fax # _____ Email _____

14. Present Occupation (Give full details) _____

15. Designation _____ Name of Company / Employer _____

16. Monthly Income Gross _____ Net _____ Pension (if retired) _____

17. Annual Income Gross _____ Net _____

18. Previous Occupation (if applicable) _____

19. **Spouse's Name** _____

20. CNIC Number _____

21. Residential Address (if different from above): _____

22. Tel. # (Office) _____ Cell Phone # _____ Fax # _____ Email _____

23. Present Occupation (Give full details) _____

24. Designation _____ Name of Company / Employer _____

25. Monthly Income Gross _____ Net _____

26. Annual Income Gross _____ Net _____

1. **Family Income (Please attach supports and give full details in Rupees)**

Average Monthly Income arising from:	Father	Mother	Spouse	Self	Brothers/Sisters/Children/Other Supporting hands	Total
Salary	_____	_____	_____	_____	_____	_____
Business	_____	_____	_____	_____	_____	_____
Land & Building	_____	_____	_____	_____	_____	_____
Saving Accounts & Deposits	_____	_____	_____	_____	_____	_____
Investments	_____	_____	_____	_____	_____	_____
Others	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

2. Annual agricultural income of family _____
3. Any other form of income from assets or otherwise _____
4. TOTAL FAMILY INCOME _____

5. **Family Expenditure (Please attach supports and give full details in Rupees)**

Brothers/Sisters/Children/ Other Dependent Family Members	Age	Occupation (If working)	Name of Institution (if studying)	Fee (per month)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. In case of rented accommodation:
a) What is the annual rent Rs. _____ b) Is it paid by self / employer? (Strike out one)
7. Utilities Expenditure (average of last six months bills)
Telephone (or Mobile) Rs. _____ Electricity Rs. _____ Gas Rs. _____ Water Rs. _____ .
8. House hold expenditure (monthly average) Rs. _____
9. Education and transport expenses (monthly average) excluding the applicant's.
Tuition, Books & Stationery Rs. _____
Others (Please specify) Rs. _____
10. Car's Make _____ Regn. No. _____ Monthly average Fuel Consumption Rs. _____ (details required)*

Mode	Amount (in Rupees)
Self financed / other sources	_____
Financial assistance requested from IBA	_____
Total (tuition fee only)	_____

Have you approached any other agency for assistance for your education i.e. banks, parents/guardian / employer etc.

Agency	Amount applied for	Outcome
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. Further, If any information given in this application is found incorrect or false after grant of financial assistance, the Institute will stop further assistance and:

- In case of existing students, immediate repayment of the total Scholarship along with a **fine** amounting to the Scholarship paid to the student will be required. Such a student will also be disqualified for applying for any further loan / scholarship.

Date

Signature of Parent / Guardian

Signature of Applicant

References (Excluding Parents / Guardian):-

1. Name _____
 Relationship: _____
 Home Address _____
 Business Address _____
 Contact Information: Residence: _____ Office: _____ Cell: _____
 NIC #: _____ Signature: _____

2. Name _____
 Relationship: _____
 Home Address _____
 Business Address _____
 Contact Information: Residence: _____ Office: _____ Cell: _____
 NIC #: _____ Signature: _____

OTHER SOURCES MAY BE USED TO VERIFY INFORMATION PROVIDED BY THE APPLICANT.

FOR OFFICE USE ONLY

Comments: _____

Application Review Dates (i) _____ (ii) _____

Amount of Financial Aid Granted: _____