



Name of the University: PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN NAWABSHAH (SBA)
Degree Title / Program: _____

1. **Applicant's Name:** _____ Gender: Male Female
2. Applicant NADRA _____
NIC No. _____
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				

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						



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				
15A	Total Fees & Tuition Charges			

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

17. Status: Alive Deceased

18. Professional status: Employed Retired 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): _____

24. Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian):

25. Name: _____ Relationship: _____

26. Occupation and Designation _____

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

28. Asset Income (on monthly basis)

S #	Income Source	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	Applicant Monthly Gross Pay/Earning				
6	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. _____

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

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



31. Utilities Expenditures

Last Month Utilities Paid			
Telephone	Electricity	Gas	Water

32. Medical Expenditures: Average of last six months (Per Month Expenditure) _____

Total Family Expenditures

#	Education Expenditure	Accommodation Expenditure	Utilities Expenditure	Medical Expenditure	Misc. Expenditure	Total Monthly Expenditure	Total Annual Expenditure
3							

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 for Applicant 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					



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: _____

For Official use only

Are the applicant documents in order? Yes No

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

Additional Remarks

_____ Date

_____ Department Name

_____ Signature Head of Department / Focal Person