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| **APPLICATION FORM – ARTS AND CULTURE SCHOLARSHIP PROGRAM – FY 2021** |
| **Eligibility Criteria for this Program:*** The applicant must be a Pakistani National
* Students must secure admission in the approved discipline at the participating institution as per admission policy of the institution and be enrolled in Undergraduate (4Years or 5Years) program or for Diploma program
* The eligibility of a candidate is linked to neediness of the candidate as determined by the financial background of his/her family
* Not availing any other educational scholarship during the current academic year
 | **PICTURE** |
| Please give True or False status of the following criteria | True/False |
| Pakistani/AJK National |  |
| Applicant NOT availing any other educational scholarship during the current academic year |  |

|  |
| --- |
| INSTITUTE INFORMATION IN WHICH YOU HAVE TAKEN ADMISSION: |
| 1. Name of Institute admission taken:
 |   |
| 1. Address of the Institute
 |  |
| 1. Discipline / Subject
 |  |
| PERSONAL INFORMATION: |
| 1. Applicant’s Name:
 |  |
| 1. Applicant CNIC
 |  |  |  |  |  | **-** |  |  |  |  |  |  |  | **-** |  | **Expiry Date** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| 1. Gender
 | ⬜ Female ⬜ Male  |
| 1. Applicant Marital Status
 | ⬜ Single ⬜ Married ⬜ Divorced |
| 1. Applicant Date of Birth
 | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| 1. Domicile Province (Tick)
 | ⬜ Punjab, ⬜ Sindh (Rural), ⬜ Sindh (Urban), ⬜ KP, ⬜ Balochistan, ⬜ AJK, ⬜ FATA, ⬜ Gilgit-Baltistan, ⬜ ICT |
| 1. Domicile District
 |  |
| 1. Father’s/Guardian Name
 |  |
| 1. Father/Guardian CNIC
 |  |  |  |  |  | **-** |  |  |  |  |  |  |  | **-** |  | **Expiry Date** | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
| 1. Father
 | Alive / Deceased |
| 1. Father Profession (Tick)
 | ⬜ Employed ⬜ Unemployed ⬜ Business Owner |
| 1. Phone
 |  |
| 1. Mobile No
 |  |
| 1. Are you working (Tick)
 | ⬜ YES ⬜ NO if YES then what is your Monthly Income? (Rupees) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Email Address
 |  |
| CONTACT INFORMATION: |
| 1. \*Present Address
 |  |
|  |
| 1. Permanent Address
 |  |
|  |

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Institute Focal Person Signature Applicant Signature

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| FAMILY INFORMATION |
| 1. Total Family Members currently living with you
 |  |
| 1. Details of Family Members Earning
 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S# | FamilyMember Name | Relationship | Family MemberOccupation(Specify) | MonthlyGrossPay/Earning |
|
|
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|
|  |  |
| 1 |  |  |  |  |
|  |  |  |  |  |
| 2 |  |  |  |  |
|  |  |  |  |  |
| 3 |  |  |  |  |
|  |  |  |  |  |
| 4 |  |  |  |  |
|  |  |  |  |  |
| **TOTAL INCOME** |  |

 |
| 1. Brothers/Sisters studying\*
 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | Relation |  |  |  |
| S # | Name | With |  | Name & Address of Institute | Fee per month |
|  |  | Applicant |  |  |  |
| 1 |  |  |  |  |  |
|  |  |  |  |  |  |
| 2 |  |  |  |  |  |
|  |  |  |  |  |  |
| 3 |  |  |  |  |  |
|  |  |  |  |  |  |
| 4 |  |  |  |  |  |
|  |  |  |  |  |  |
|  | Total Fees & Tuition Charges |  |  |

 |
| 1. Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian)

(If Applicable) | 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Occupation and Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Monthly Financial Support Available to Applicant in Pak Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1. What type of Transport your family own? (Tick)
 | ⬜ tractor, ⬜ rickshaw, ⬜ bi-cycle, ⬜ motorcycle rickshaw, ⬜ carriage pick, ⬜ truck, ⬜ car ⬜ Motor Cycle |
| 1. Applicants educational record\*
 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Level of Study | Name and Location ofInstitute | Per MonthFee |  To - From Year | Total Marks | Marks Obtained |
|
|
| Matric |  |  |  |  |  |  |
| FA /FSc |  |  |  |  |  |  |

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Institute Focal Person Signature Applicant Signature

|  |  |
| --- | --- |
| 1. Per month fee/ tuition charges of the institution last attended\*
 |  |
| 1. How were the admission / Fee charges paid\*?
 | Scholarship, Own Resources, Loan, Relative Support |
| 1. Have you ever got any other Scholarships previously\*(Enter Type: Need base, Academic base, Both Type of Scholarship, No Scholarship):
 |  |
| 1. Are you currently availing any other scholarship? (Enter Name of Scholarship)\*:
 |  |
| 1. Statement of Purpose\* (Explain your suitability for this scholarship) -
 |  |
| 1. Hostel Facility Availing ?
 | ⬜ YES ⬜ NO if YES then what is the Hostel Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and Hostel Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hostel Warden Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**UNDERTAKING BY THE APPLICANT:**

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. Institute reserves the right to use information given in this form for verification and other purposes.
3. Institute reserve the right to reject or cancel any application(s) which it deems to be unsuitable for the scholarship programs. The rejection or selection decision cannot be challenged in any court of Law / Authority

Applicants Signature

**--------------------------------- TO BE SIGNED BY THE FOCAL PERSON OR HEAD OF DEPARTMENT---------------------------------**

This is to be verified that the student has secured admission and eligible to apply for the scholarship.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Focal Person Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of Department Signature