

Nameotine University:	
DegreeTitle/Program:	
1. Applicant's Name: Gender: Male Fem	ale [
2. Applicant NIC No.	
3. Marital Status: Single Married Divorced Divorced	
4. Age : Domicile:	
5. Present Address:	
6. Permanent Address:	_
7. Are you currently working: Yes No No	
8. If answer is yes, to Section No. 8 complete the sections (9-13)	
Designation:Name of Employer /Company:	
9. Total Monthly Applicant's 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.):	
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	Relationship	Family Member	Organization	Designation	Monthly	Remarks
#	Member Name		occupation	Name		Gross	
			(Specify)			Pay/Earning	
1							
2							
3							
4							
14	4 Total Monthly Family Income (add Self Income, if applicable) Pak Rupees						

15	Brothers/Sisters/Children/Family	y Members studying
1).	Diomers/Sisters/Cilitaren/Tallin	y 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. Fathe							
17.	Status: Alive	e Deceased	Retired				
18.	Professional	status: Employe	ed Business Owner D				
19.	Name of Company/Employer:20. Tel (Off):						
	Mobile:						
21. 22. 25.	Occupation Type: NTN Designation & Grade (BPS/ SPS/PTC etc): Gross Monthly Income: Total Net Monthly Take Home Income (Salary/ Pension/ Others): Name: Relationship:						
26.	Occupation as	nd 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)						
	Total						

29.TotalFamilyMonthlyIncome

S #	Family Member Name		Monthly Income from Assets	Monthly Gross Pay/Earning	Monthly Net (Take home) Pay/Earning
1					, g
2					
3					
4					
5	Applicant Monthly Gross	Pay/Earning			
6	Applicant Monthly Net (7	Take home) Pay			
29-A	Total Monthly Incom	e in Pak Rupees			
29-B	Total Annual Income	in Pak Rupees			

30.FAMILYEXPENDITURES

30A.A	ccommo	dation	Expen	ditures
-------	--------	--------	-------	---------

Type: B	ungalow	Apartment /Flat	Town House	Village Ho	use
Status:	Rented	Self or Family owned	Employer / Go	ovt. Owned	
Rent	Payment:	Self Employer/Govt.	Others		



House Plot Size in Sq. ft._____ Covered Area in Sq.

S#	Accommodation Location /Address	Number Of Bed Rooms	Number Of Air conditioners	Accommodation Monthly Rent	Accommodation Annual Rent	
		1-2 2-4 4-6 Above 6	1-2 2-4 4-6 Above 6			
30B	Total Accommodation	Rental Expenditu				
21 II	11 Utilities Evnenditures					

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

I	Education	Accommodation	Utilities	Medical	Misc.	Total Monthly	Total Annual
S# E	Expenditure	Expenditure	Expenditure	Expenditure	Expenditure	Expenditure	Expenditure
33							

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 1	Income*					
* I	If the monthly / Ann	ual Disposa	ble Income i	s negative, kind	ly explain the reasons fo	or the gap,			
8	and the arrangements	s through w	hich the diffe	erential gap is m	net by the family				
			-1						
	sets (with current m		-						
36	. Does the Family ha	ve any own	Transport:	Yes:	No:				
If y	es, kindly fill the relev	ant details							
S#	Transport Type (Car/ Motor cycle/ Others*)		Make /Model	Engine Capa (CC)	Registration No	Ownership Period			
1									
2									
* (Others: include tract	or, rickshaw	, bi-cycle, m	notorcycle ricksl	naw, carriage pick, truck	etc.			
37	. Number of Cattle(s	s) (with kind	d)						
				1		,			
Assets Title Qty.		Size	Location(Ad	dress) Cultivable Area	Agricultural Yield per Acre				
Res	sidential								
Co	mmercial								
Ag	ricultural								

39. Assets worth (Current Market Value in Pak. Rs.)

Employer/Govt. Scheme

S#	Assets Title	Father	Mother	Spouse	Self	Guardian	Total
1	House						
2	Business						
3	Land & Building						
4	Bank Balance						



5	Stocks/P	rize bond						
6	Others/	Cattle(s)						
40.	Total							
* Fam	ily/ Friend	l Loan	cant Education ten and relationship	p with the relati	ve / friend)			
42.	Any sour	rce of finar	ncing other than lo	an (Please spec	ify)	_		
43.	How we	re the adm	ission /first semest	er charges paid	?			<u> </u>
44.	Applica	nts Educa	tion Record:					
Level	of Study	Nam	e and Location of Institute	Per Mont Fee	h To-From month/yr.	Div	vision/GPA	/%age/ CGPA
Bachel	ors							
Interme	ediate							
Second	ary							
45.	Permon	thfee/tuiti	onchargesofthein	stitutionlastatt	ended			_
46.	Have yo	u ever got	any other Schola	rships: Yes	No			
(If ye	s fill the d	etails of sc	cholarships & attac	h documentary	proof of the s	scholars	hips)	
			Scholarshin	Total	Total	l	Class/Lev	el at which

S#	Name of Institute	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class/Level at which Scholarship was granted
1					
2					

Statement of Purpose (Expl	aın your suitability fo	r this scholarship) -	attach separate sheet 1
required			
•			



Date

HEC Need Cum Merit Based Scholarship Program for the Year 2023-2024

UNDERTAKING 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. 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. 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**

Department Name

Signature Head of Department / Focal Person