

SCHOLARSHIP APPLICATION FORM

Scholarship is based on assessment of need and merit as well as availability of funds. Selection will be decided on the basis of information provided in this form and investigations for the authentication of provided information. Candidate may be required to appear for interview (s).

PROVIDING FALSE INFORMATION

Providing false information may result in one or all of the following:

- Cancellation of admission.
- Rustication from the university.
- Disqualification for award of any future loan/scholarship.
- Refund of all the payment received and or a penalty equal to total scholarship amount.

INSTRUCTIONS FOR FILLING OUT THE SCHOLARSHIP APPLICATION FORM:

- ✓ Read the application form carefully.
- ✓ Fill in the form using black ball point pen and write in capital letters.
- ✓ Submit duly completed and attested application form from the HoD to the office of the Focal Person, Financial Aid Office.
- ✓ Furnish factual, comprehensive and authentic information in the form.
- ✓ For family financial reporting parents/guardian may be consulted for guidance.
- ✓ Whenever in doubt or lost, seek help from the Focal Person.
- ✓ Ensure that you have attached all the required documents.
- ✓ Answer all questions. Except those not applicable should be marked "N/A".
- ✓ Affidavit duly attested Needs to be submitted after final selection of the candidate.



Chinese Ambassador Need Based Scholarship Program
University of Balochistan

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. 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							
Total Monthly Family Income (add self income, if applicable) Pak Rupees							

13. Brothers/Sisters/Children/Family Members studying _____

S #	Name	Relation with applicant	Name & Address of Institute	Fee per month
1				
2				
3				
4				
14	Total Fees & Tuition Charges			



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

16. Status: Alive ☐ Deceased ☐

17. Professional status: Employed ☐ Retired ☐ Business Owner ☐

18. Name of Company/Employer: _____

19. Tel (Off): _____ Mobile: _____

20. Occupation Type: _____

21. Designation & Grade (BPS/ SPS/PTC etc): _____ Gross Monthly Income: _____

22. Total Net Monthly Take Home Income (Salary/ Pension/ Others): _____

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

24. Name: _____ Relationship: _____

25. Occupation and Designation _____

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

27. 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				
	Total Monthly Income in Pak Rupees				
	Total Annual Income in Pak Rupees				



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28. 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. _____

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

29. Utilities Expenditures

Last Month Utilities Paid			
Telephone	Electricity	Gas	Water

30. Applicants educational record:

Level of Study	Name and Location of Institute	Per Month Fee	To- From month/ yr.	Division/ GPA/ Grade	%age / CGPA
Bachelors					
Intermediate					
Secondary					

31. Per month fee/ tuition charges of the institution last attended _____

32. 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



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

Parents / Guardian Signature _____ Applicant Signature: _____

Date: _____

For Official use only

Are the applicant documents completed? ☐ Yes ☐ No

Chairperson/Director Signature with stamp: _____