# Government of Pakistan Ministry of Federal Education and Professional Training



### Pakistan Education Endowment Fund (PEEF) (A Company incorporated in Pakistan under section 42 of Companies Ordinance 1984)

APPLICATION FORM -NURSING SCHOLARSHIP PROGRAM - FY 2024 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 **PICTURE** 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 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: Name of Institute admission taken: Address of the Institute 2. Discipline / Subject PERSONAL INFORMATION: Applicant's Name: Applicant CNIC Expiry Date ☐ Female Male Gender Applicant Marital Status Single ☐ Married □ Divorced Applicant Date of Birth 8. Punjab, ☐ Sindh (Rural), ☐ Sindh (Urban), ☐ KP, ☐ Balochistan, ☐ AJK, ☐ FATA, ☐ Gilgit-Baltistan, ☐ ICT Domicile Province (Tick) 10. Domicile District 11. Father's/Guardian Name 12. Father/Guardian CNIC Expiry Date Alive / Deceased 13. Father 14. Father Profession (Tick) ☐ Employed Unemployed Business Owner 15. Phone 16. Mobile No 17. Are you working (Tick) ☐ YES ☐ NO if YES then what is your Monthly Income? (Rupees) 18. Email Address **CONTACT INFORMATION:** 19. \*Present Address 20. Permanent Address

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FAMILY INFORMATION									
21. Total Family Members									
currently living with you				ī			1		1
22. Details of Family Members Earning		Family Member Na	me	Relationship	Family Occupa (Specify	tion	Monthl Gross Pay/Ear		
				_	TOTA	L INCOME			
23. Brothers/Sisters studying*	S# N 1 2 3	lame	Relation With Applicant		Address	s of Institu	te	Fee per	month
	T	otal Fees &	Tuition						
		Charges							
24. 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.  ———————————————————————————————————								
25. What type of Transport your	☐ tractor, ☐ rickshaw, ☐ bi-cycle, ☐ motorcycle rickshaw, ☐ carriage pick, ☐								
family own? (Tick)  26. Applicants educational record*	truck, [	car M	otor Cycle	<u>e</u>	Dor I				
26. Applicants educational record*	Study	Level of Name and Location of Study Institute  Matric				Per Month To - From Total Marks Fee Year Marks Obtained			
	FA /FS	С							
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27. Per month fee/ tuition charges of the institution last attended*					
28. How were the admission / Fee	Scholarship, Own Resources, Loan, Relative Support				
charges paid*?  29. Have you ever got any other Scholarships previously*(Enter Type: Need base, Academic base, Both Type of Scholarship, No Scholarship):					
30. Are you currently availing any other scholarship? (Enter Name of Scholarship)*:					
31. Statement of Purpose* (Explain your suitability for this scholarship) -					
32. Hostel Facility Availing?	☐ YES ☐ NO				
	if YES then what is the Hostel Name				
	and Hostel Address				
	Hostel Warden Phone				
<ul> <li>incorrect information will rapplication is found incorreassistance and the student amount.</li> <li>Institute reserves the right table.</li> </ul>	his application are true to the best of my knowledge and I understand that any result in the cancellation of this application. If any information given in this sect or false after grant of financial assistance, the institute will stop further will have to refund all payment received and or penalty equal to total scholarship to use information given in this form for verification and other purposes. To reject or cancel any application(s) which it deems to be unsuitable for the rejection or selection decision cannot be challenged in any court of Law / Authority				
	Applicants Signature				
TO BE S	IGNED 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