

**To Be Filled by Student (In BLOCK LETTERS Only)**

Discipline: \_\_\_\_\_

Duration of Study: \_\_\_\_\_

Degree Title: \_\_\_\_\_

Current Year/Semester: \_\_\_\_\_

**Basic Information****Note: In case the student changes their phone number or email, it is mandatory on them to inform**

Name: \_\_\_\_\_

Enrollment No. : \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

CNIC No: \_\_\_\_\_

**Family Information**

Occupation of Father/Guardian: \_\_\_\_\_

Monthly Income in Rupees (Attach Certificate as well): \_\_\_\_\_

No of Family Members: \_\_\_\_\_ No of Siblings Studying: \_\_\_\_\_

Additional Information: Orphan or Handicap? Yes/No \_\_\_\_\_

**Contact Information**

Present Home/Hostel Address: \_\_\_\_\_

City: \_\_\_\_\_

District: \_\_\_\_\_

Province: \_\_\_\_\_

### Academic Information

Name of Examination Passed	Name of the Board	School/College Name	Year of Passing	Percentage Marks
University Name	Year of study (current)	Current Semester	CGPA	Percentage Marks

Extracurricular activities:

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### FOR Ph.D & MS/ M.Phil. Students

Details of relevant research experience/publications

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Name of Supervisor:\_\_\_\_\_

Name of Co-supervisor:\_\_\_\_\_

## Document Information

Please note that this form will not be considered unless accompanied by the attested copies of the following documents.  
(✓ Tick marks the attachments).

S.No.	Student Check List	Tick (Student)	Office Use
1.	One copy of University I.D. Card.		
2.	One Passport size photographs		
3.	Letters of (Scientific Review Committee and IRB)		
4.	Copy of Last Examination Passed Minimum 3.0 CGPA		
5.	Relevant Research experience/publications. If in process, attach research proposal, synopsis.		
6.	Copy of the last Electricity Bills/ PTCL/ SSGC Bill		
7.	Copies of the house rent agreement.		
8	Death certificate in case the father has passed away. Divorce certificate in case the parents are divorced.		
9	Copy of Domicile		
10	Medical Certificate in case of any disability/Certificate from a hospital.		

## UNDERTAKING 50 Rs Stamp Paper

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. Further, If any information given in this application is found incorrect or false after grant of financial assistance, the University will stop further assistance and:

- The admission of the Applicant will be cancelled in case of 1st Semester students.
- In case of existing students, immediate repayment of the total Scholarship along with a fine amounting to the Scholarship paid to the student will be required. Such a student will also be disqualified for applying for any further loan / scholarship.

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Date

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Signature of Parent / Guardian

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Signature of Applicant

### References (Excluding Parents / Guardian):-

1. Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_

Contact Information: Residence: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

CNIC #: \_\_\_\_\_ Signature: \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_

Contact Information: Residence: \_\_\_\_\_ Office: \_\_\_\_\_ Cell: \_\_\_\_\_

CNIC #: \_\_\_\_\_ Signature: \_\_\_\_\_