

DOW UNIVERSITY OF HEALTH SCIENCES (DUHS)
DOW-EHSAS | ALLIED HEALTH SCHOLARSHIP-LOAN PROGRAM
In Collaboration with AKHUWAT (Dow 2005 Initiative)

APPLICATION FORM FOR NEED-BASED LOAN / SCHOLARSHIP
Award Value: $500 Equivalent / Cycle | DUHS Allied Health Sciences Students

1. APPLICANT PERSONAL INFORMATION

Full Name	**Date of Birth (DD/MM/YYYY)**
CNIC / National ID No.	**Place of Birth**
Gender ☐ Male ☐ Female ☐ Other	**Blood Group**
Email Address	**Cell / Phone No.**
Permanent Address	
Current Mailing Address	

2. ACADEMIC DETAILS

Constituent Institute / College	
Degree Program	**Enrollment / Roll No.**
Current Semester / Year	**Semesters Completed (minimum 2)**
Latest Cumulative GPA (minimum 2.5)	**High School / Prior Marks (%)**

3. PARENT / GUARDIAN INFORMATION

Father / Guardian Name	**CNIC No.**
Relationship to Applicant	**Status** ☐ Alive ☐ Deceased
Occupation / Designation	**Employer / Business Name**

Contact Phone No.	**Primary Email**
Total Household Family Members	**No. of Studying Dependents**

4. FINANCIAL PROFILE — MONTHLY INCOME & EXPENSES (PKR / USD)

Enter all amounts in one currency and select PKR or USD.

MONTHLY HOUSEHOLD INCOME	MONTHLY HOUSEHOLD EXPENSES
Father / Guardian Gross Income	**House Rent (if applicable)**
Mother Gross Income	**Utilities (Electricity, Water, Gas)**
Income from Land / Property	**Educational Expenses (Tuition / Books)**
Other Sources / Support	**Medical & Healthcare Expenses**
Total Monthly Income ☐ PKR ☐ USD	**Food & General Provisions**
Other Monthly Expenses	**Total Monthly Expenses**

5. ASSISTANCE REQUESTED & OTHER AID

Applying Category **☐ Interest-Free Loan ☐ Zakat / Need-Based Scholarship**	**Currently Receiving Other Aid?** ☐ Yes ☐ No **If yes, provide the source and amount.**

Briefly Explain Your Current Financial Hardship

6. MANDATORY DOCUMENTATION CHECKLIST

Attach verified copies and check each document included with this application.

☐ Academic transcripts / mark sheets showing cGPA ≥ 2.5	☐ Last three months' utility bills
☐ Applicant CNIC / B-Form and Student ID Card	☐ Rent agreement, if applicable
☐ Father / Guardian CNIC	☐ Certified death certificate / legal guardianship papers, if applicable
☐ Salary certificate / payslip of earning family members	

7. APPLICANT & GUARDIAN DECLARATION

We certify that the information provided is true, correct, and complete. False or misleading information may result in disqualification, cancellation of support, and legal or disciplinary action.

Applicant Name	**Parent / Guardian Name**
Applicant Signature Date	**Parent / Guardian Signature Date**