KHWAJA FAREED UNIVERSITY OF ENGINEERING AND INFORMATION TECHNOLOGY RAHIM YAR KHAN



	IEP-SAC Scholarships Application Form	(For official use only) Application No.								
De	gree Title / Program:	- Date:								
1.	Applicant/Student's Detail:									
	Applicant's Name:Registration No									
>	Applicant's CNIC No.	-								
>	Fee Challan No Fee Paid (Rs):	Dated:								
>	Present Address:									
>	Permanent Address:									
>	Tel (Res.):Mobile:	Email:								
2.	2. Applicant/Student's Father/Guardian's Detail:									
	Father's/Guardian'sName:CNIC. No									
>	Status: Alive Deceased Deceased									
>	Professional status: Employed Retired Business Owner Farmer									
>	Name of Company/ Employer :									
>	Tel (Off):Mobile:									
>	Occupation Type:NTN									
>	Designation & Grade (BPS/SPS/PTC etc): Gross Mo	onthly Income:								
>	Total Net Monthly Take Home Income (Salary/ Pension / Other):								
>	Any Other Supporting Person:									
	Name:Relationship:	_								
	Occupation and Designation:									
>	Monthly Financial Support Available to Applicant in Pak Rs									
>	Total number of family members depending on Parents / Gu	ardian								
3. Detail of Family Members Earning (Take extra sheet if required):										

Sr. No.	Family Member Name	Relationship	Family Member Occupation (Specify)	Organization Name	Designation	Monthly Gross Pay/Earning	Remarks
1							
2							
3							
4							
5							
A	Total Monthly Family Income (add self-income, if applicable) Pak Rupees						
В	Total Annual income Pak Rupees						

4. <u>Brothers/Sisters/Children/Family Members studying:</u>

Relation With

	Name	Applic	ant	Name & A	f Institute	Fee per month		
1								
2								
3								
4								
5								
6								
A	Total Fee per	month						
В	Total Fee per							
5. Far	nily Expendi		nil:					
	commodation E		<u>v== v</u>					
	e: Bungalow	·	partment/Flat		Town I	Jouse 🗔	Village House	
• -	tus: Rented		elf or Family o	wned		Employer/ Gov		
	nt Payment: Self	——	Employer/Govt.	•			Others	
	use Plot Size In			Cover	J rod Amoo i	in Sq. ft		
		_				_		
size	y other house/fla		Parents/Guardia	an (ii yes pie	ase specii	y with focation	and	
		dation Danta	1 Evpandituras					
В. 7	l'otal Accommo	uanon Kema	n Expenditures					
	Fotal Accommo Utilities Expend		ii Expenditures					
	Total Accommo Utilities Expend			tilities Paid				
		itures	Last Month Ut		Wate		Total	
				tilities Paid Gas	Wate	r	Total	
		itures	Last Month Ut		Wate	r	Total	
		Telephone	Last Month Ut Electricity	Gas	Wate	r	Total	
C. U	Utilities Expend	Telephone To	Last Month Ut Electricity otal Family Ex	Gas penditures				
C. U		Telephone	Last Month Ut Electricity tal Family Ex Medical	Gas penditures	Wate Misc. penditure	Total Monthly Expenditure	Total Total Annual Expenditure	
C. U	Utilities Expend	Telephone To Utilities	Last Month Ut Electricity tal Family Ex Medical	Gas penditures	Misc.	Total Monthly	Total Annual	
C. U	Accommodation Expenditure	Telephone To Utilities Expenditur	Last Month Ut Electricity otal Family Ex Medical Expenditu	Gas penditures re Ex	Misc. penditure	Total Monthly Expenditure	Total Annual	
on Aure	Accommodation Expenditure Description	Telephone To Utilities Expenditur	Last Month Ut Electricity otal Family Ex Medical Expenditu	Gas penditures	Misc. penditure	Total Monthly	Total Annual	
on de la come	Accommodation Expenditure Description e	Telephone To Utilities Expenditur	Last Month Ut Electricity otal Family Ex Medical Expenditu	Gas penditures re Ex	Misc. penditure	Total Monthly Expenditure	Total Annual	
on Aure	Accommodation Expenditure Description e	Telephone To Utilities Expenditur	Last Month Ut Electricity otal Family Ex Medical Expenditu	Gas penditures re Ex	Misc. penditure	Total Monthly Expenditure	Total Annual	
on a description of the control of t	Accommodation Expenditure Description e	Telephone To Utilities Expenditur	Last Month Ut Electricity otal Family Ex Medical Expenditu	Gas penditures re Ex	Misc. penditure	Total Monthly Expenditure	Total Annual	

^{*} If the monthly / Annual Disposable Income is negative, kindly explain the reasons for the gap, and the arrangements through which the differential gap is met by the family.

Level of Study	Degree Name	Name	and Location of Institute	Per Semester/ Month Fee	To- From month/ yr.	GPA/ Division		CGPA/ %age
Bachelors								
Intermediate								
Secondary								
·	ver got any of		larship: Yes attach documentar	No v proof of the sc] holarships)			
Sr. No. Name of the Institute		Scholarship Name	Total Scholarship Amount	Tota Scholar Perio	ship	Scho	Class/ Level a which Scholarship w granted	
2								
UNDERTAKI	NG							
Parents / Guardian Date: For Official use	Signature: only		rmation given in this fo	ant Signature:				
Applicant Cas Remarks:	e Review Da	tes (i)		(ii)				
			_					
Date				Signature Pres Committee	sident Scholar	ships		
Check List: a) CNIC / Form '	_							
b) Affidavit of pc) Photocopy of I			ome /Pension Copy/	Salary Slip				

d) Last month utilities bills (photocopies)

e) Detail Marks Sheet (photocopy)f) Death certificate (in case of orphan)

Affidavit

1 Mr./Mrs.	having	g CNIC #:			s/ <i>o,d/o</i> M1	:	
resident of					Father/0	Guardian	of
Mr./Ms	who is	a stude	ent of	d	epartment,	Registr	ation
No, Semest	er,	Khwaja	Fareed	University	of Eng	ineering	and
Information Technology	(KFUEIT), do	hereby so	lemnly aft	firm you that	I am a low	income p	erson
and my monthly income i	s Rs	from a	ll sources	. In case of v	wrong state	ment I w	ill be
liable for legal action from	university. Sig	gned this d	ay of	 	·		
C' 1 h							
Signed by:							
	_						
Student's Father/Guardian Na	ame:						
WITNESSES:							
1. Signature:		2. Signa	ture: _				
Name:		Name	_				
CNIC. No		CNIC: Addre	-				
Address:		Addre	98.				