# KHWAJA FAREED UNIVERSITY OF ENGINEERING AND INFORMATION TECHNOLOGY RAHIM YAR KHAN

## Need Based Scholarships Application Form

(For official use only)
Application No. _____
Date:

**Degree Title / Program:**_____

### 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. Applicant/Student's Father/Guardian's Detail:

**Father's/Guardian'sName**:_____CNIC. No_____-_____-__

➢ Status: Alive ☐ 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 Monthly 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 / Guardian** ☐

### 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 | | | | | | |
| **B** | Total Annual income   Pak Rupees | | | | | | |

## 4. Brothers/Sisters/Children/Family Members studying:

| Sr. No. | Name | Relation With Applicant | Name & Address of Institute | Fee per month |
|---------|------|-------------------------|-----------------------------|---------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| **A** | Total Fee per month | | | |
| **B** | Total Fee per annum | | | |

## 5. Family Expenditures Detail:

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 Parents/Guardian (if yes please specify with location and size)_____

B. Total Accommodation Rental Expenditures

C. Utilities Expenditures

| Last Month Utilities Paid | | | | Total |
|---------|------------|-----|-------|-------|
| Telephone | Electricity | Gas | Water | |
| | | | | |

| Total Family Expenditures | | | | | | |
|---------|---------|---------|---------|---------|---------|---------|
| Education Expenditure | Accommodation Expenditure | Utilities Expenditure | Medical Expenditure | Misc. Expenditure | Total Monthly Expenditure | Total Annual Expenditure |
| | | | | | | |

| Description | Monthly | Annual |
|-------------|---------|--------|
| Total Income | | |
| Total Expenditure | | |
| Net Disposable Income* | | |

* 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.

## 6. Applicant's Academic Detail:

| 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 | | | | | | |

**Have you ever got any other scholarship**: Yes [    ] No [    ]

(If yes fill the details of scholarships & attach documentary proof of the scholarships)

| Sr. No. | Name of the Institute | Scholarship Name | Total Scholarship Amount | Total Scholarship Period | Class/ Level at which Scholarship was granted |
|---|---|---|---|---|---|
| 1 | | | | | |
| 2 | | | | | |

## 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. KFUEIT 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**

Applicant Case Review Dates (i) _____ (ii) _____

Remarks:

_____                    _____

Date                                        Signature President Scholarships Committee

## Check List:
a) CNIC / Form 'B' _                                                    [    ]
b) Affidavit of parents/ guardians Income /Pension Copy/Salary Slip    [    ]
c) Photocopy of Fee Challan Form                                        [    ]
d) Last month utilities bills (photocopies)                            [    ]
e) Detail Marks Sheet (photocopy)                                      [    ]
f) Death certificate (in case of orphan)                               [    ]

# **Affidavit**

I **Mr./Mrs.** _____ having CNIC #: _____ s*/o,d/o* **Mr.** _____ resident of_____ Father/Guardian of Mr./Ms._____ who is a student of _____department, Registration No._____, Semester_____, **Khwaja Fareed University of Engineering and Information Technology (KFUEIT),** do hereby solemnly affirm you that I am a low income person and my monthly income is Rs. _____ from all sources. In case of wrong statement I will be liable for legal action from University. Signed this day of_____.

Signed by:

_____

**Student's Father/Guardian Name:**

**WITNESSES:**

1. Signature: _____     2. Signature: _____
   Name: _____            Name: _____
   CNIC. No. _____         CNIC. No. _____
   Address: _____         Address: _____