
 <p>Sindh Agriculture University</p>	<p>HEC- Needs Based Scholarship SCHOLARSHIP APPLICATION FORM (BS 2016 SESSION)</p> <p>Shaheed Zulfiqar Ali Bhutto Agricultural College Dokri</p>	 <p>Higher Education Commission</p>
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Scholarship is based on assessment of need and merit as well as availability of funds. Selection will be decided on the basis of information provided in this form and investigations for the authentication of provided information. Candidate may be required to appear for interview (s).

PROVIDING FALSE INFORMATION

Providing false information may result in one or all of the following:

- Cancellation of admission.
- Rustication from the university.
- Initiation of criminal proceedings.
- Disqualification for award of any future loan/scholarship.
- Refund of all the payment received and or a penalty equal to total scholarship amount.

INSTRUCTIONS FOR FILLING OUT THE SCHOLARSHIP APPLICATION FORM:

- ✓ Fill in the form using black ball point pen and write in capital letters and leave space between words
- ✓ Read the application form carefully.
- ✓ Make a photocopy of the application form
- ✓ Complete the photocopy form and make sure everything is correct and final
- ✓ Copy all information from photocopied form to the original form
- ✓ Submit duly completed application form to the admission office or focal person
- ✓ Furnish factual, comprehensive and authentic information in the form
- ✓ For family financial reporting parents/guardian may be consulted for guidance
- ✓ Whenever in doubt or lost, seek help from the Focal Person
- ✓ Check your application for spellings, grammatical errors and factual oversight
- ✓ Keep a photocopy of the filled-in original application form for your record
- ✓ Ensure that you have attached all the required documents by putting a tick mark in checklist
- ✓ Answer all questions. Those not applicable should be marked “N/A”
- ✓ Affidavit Needs to be submitted after final selection of the candidate

Definitions:

Family: Father, mother(s), brother(s), sisters(s), Maternal / Paternal Uncles (s) & Aunts, Grandparents etc.

Pucca House: A pucca house is one, which has walls and roof made of the following material.

Wall material: Burnt bricks, stones (packed with lime or cement), cement concrete, timber, ekra etc

Roof Material: Tiles, GCI (Galvanised Corrugated Iron) sheets, asbestos cement sheet, RBC,(Reinforced Brick Concrete), RCC (Reinforced Cement Concrete) and timber etc.

Kutch House: The walls and/or roof of which are made of material other than those mentioned above, such as un-burnt bricks, bamboos, mud, grass, reeds, thatch, loosely packed stones, etc. are treated as kutch house.

Semi -Pucca house: A house that has fixed walls made up of pucca material but roof is made up of the material other than those used for pucca house.

Others: The houses, which are not covered by the types mentioned above, are to be treated as of 'others' type.

Application Form Check List

SN	Description	Tick the relevant
1	Copies of computerized NIC of	
	Father	<input type="checkbox"/>
	Mother	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
2	Income Tax Certificate	
	Father	<input type="checkbox"/>
	Mother	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
3	Copy of last Income Tax Return of	
	Father	<input type="checkbox"/>
	Mother	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
4	Salary Certificate of	
	Father	<input type="checkbox"/>
	Mother	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
5	Copies of last six (06) month utility bills	
	Electricity	<input type="checkbox"/>
	Gas	<input type="checkbox"/>
	Telephone	<input type="checkbox"/>
	Water	<input type="checkbox"/>
6	Attested copy of rent agreement (if applicable)	<input type="checkbox"/>
7	Copies of last & latest fee receipts of self and siblings *	<input type="checkbox"/>
8	Copies of Medical bills/ expenditure related documents (if applicable)	<input type="checkbox"/>
9	Copies of pervious scholarship(s) attained (if applicable)	<input type="checkbox"/>
10	Statement of Purpose & two passport size Photographs	<input type="checkbox"/>

* Siblings are brother & sisters

Tick the Section When Completed

- | | | |
|-----|--|--------------------------|
| I | Section A: Personal and family information | <input type="checkbox"/> |
| II | Section B: Cumulative information of Self, Parents & Guardian Assets | <input type="checkbox"/> |
| III | Section C: Financial arrangements for current year | <input type="checkbox"/> |
| IV | Section D: Educational Record | <input type="checkbox"/> |

DO's:

- Send your application by post or submit by hand to the admission office or focal person.
- Place documents in right order as per above sections (1 to 10)
- Put all amounts in Pak Rs.
- Do consult with parent(s)/guardian(s) for financial data accuracy & reliability
- For the information not present/relevant write in capital letters **N/A**

DO NOT:

- Provide False/vague/ incomplete information.
- Overwrite/ scratch on the form.
- Send scholarship application form directly to HEC

Name of the College: _____

Degree Program: _____ Department _____

Class No: _____

Section A:
Applicant Personal and Family Information

Affix two
Passport size
Photographs

1. **Applicant's Name:** _____ Gender: Male Female

2. University Reg. No:

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3. Applicant CNIC No:

						-											-		
--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	---	--	--

4. Marital Status Single Married Divorced

5. Date of Birth: _____ Age : _____ Nationality _____

Place of Birth (Name of City, Country) _____

Domicile(District Name): _____

6. Present Address _____

7. Permanent Address: _____

8. Are you currently working : Yes No

9. If answer is Yes to Section No. 8 complete the sections (9-13)

Designation: _____ Name of Employer /Company: _____

10. Previous Employer/Company Name (if applicable): _____

11. Total Monthly Applicant Gross Income in Pak Rs. _____

12. Total Monthly Applicant Take Home Income* in Pak Rs. _____

13. Total Annual Applicant Gross Income: _____ Applicant NTN No. _____

* Take Home Income: Salary / Pay available after deduction of taxes, provident fund charges etc.

14. Tel (Res.): _____ Mobile: _____ Email: _____

15. Total Members in the Family: _____

16. Total Family Members currently living with you: Total: _____ Male: _____ Female: _____

17. Total Number of Brothers/Sisters married Total: _____ Brothers _____ Sisters _____

S #	Name of Family Member (s)	Relationship	Marital Status	Remarks**
1				
2				
3				
4				
5				
6				
7				
8				
9				

**Remarks: List down the number of dependents supported by married brother(s)/ sister(s)

18. Brothers/Sisters/Children/Family Members studying _____

Details of Siblings Studying including the applicant own detail

S #	Name	Relation with applicant	Name & Address of Institute	Fee per month	Tuition per month (If applicable)
1					
2					
3					
4					
5					
6					
22	Total Fees & Tuition Charges				

19. **Father's Name:** _____ Computerized N.I.C. No _____20. Father Status: Alive Deceased (if deceased please mentioned the date of demise (dd-mm-yy) _____)21. Professional status: Employed Retired

If answer is Employed complete the sections (22-30) else from (27-30)

22. Name of Company/Employer: _____

23. Address: _____

24. Tel (Off): _____ Mobile: _____

25. Occupation : _____

26. Designation & Grade (BPS/ SPS/PTC etc): _____

27. Total Gross Monthly Income (Salary/ Pension/ Others): _____

28. Total Net Monthly Take Home Income (Salary/ Pension/ Others): _____

29. Previous Occupation (if applicable): _____

30. Total Annual Income: _____ NTN _____

31. **Mother's Status:** : Alive Deceased (if deceased please mentioned the date of demise (dd-mm-yy) _____)

32. Marriage Relationship: Combined Separated/Divorced

33. Professionals Status: Working Not Working

Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian) [Add Page if required]

34. Name: _____ Relationship: _____

35. Address: _____

36. Tel (Off/Res) _____ Mobile No. _____ NIC no. _____

37. Occupation _____

38. Designation _____ Name of Company/Employer _____

39. Total Monthly Gross Income (Salary/ Pension/ Others) _____

40. Total Net Monthly Take Home Income (Salary/ Pension/ Others): _____

41. Total Net Annual Income _____ 44. Monthly Financial Support Available from supporting person to Applicant in Pak Rs. _____

45. Asset Income (on monthly basis)

S #	Income Source	Father	Mother	Spouse	Self	Other	Total
1	Property Rent						
2	Land Lease						
3	Bank Deposits*						
4	Shares / Securities*						
5	Other (Specify)						
45	Total						

* For sources with annual income returns, kindly report the monthly income earned

42. Total Earning Members in Family: _____

43. Total No of family members not earning _____

44. Details of Family Members Earning:

S #	Family Member Name	Relationship	Family Member occupation ***	Organization Name	Designation	Monthly Gross Pay/Earning	**Remarks
1							
2							
3							
4							
44	Total Monthly Family Income (add self income, if applicable) Pak Rupees						

** Please mentioned if the Family member supporting to Family in Remarks Column (Yes/No)

*** Family Member Occupation classification

1. Government Service (Specify the employment grade BPS/SPS/PTC etc.)
2. Private Job
3. Agriculture/Farming
4. Own Business (Self Employed). Details/nature of self business need to filled in at remarks column
5. Others. Details/nature of self business need to filled in at remarks column

46. Total Family Monthly Income

S #	Family Member Name	Relationship	Monthly Income from Assets (Sec. 45)	Monthly Gross Pay/Earning	Monthly Net (Take home) Pay/Earning
1					
2					
3					
4					
5	Applicant Monthly Gross Pay/Earning (Sec. 11)				
6	Applicant Monthly Net (Take home) Pay/Earning (Sec. 12)				
46-A	Total Monthly Income in Pak Rupees				
46-B	Total Annual Income in Pak Rupees				

FAMILY EXPENDITURES

47. Accommodation Expenditures (Please Check the relevant boxes)

a. Type: Bungalow Apartment /Flat Town House Village House

b. Structure: Pucca House Kutch House Semi Pucca House Others

(Detail available at Page 1 &2)

c. Status: Rented Self or Family owned Employer / Govt Owned

d. Rent Payment: Self Employer/Govt Others

Total Size of the House in Sq. ft. _____ Covered Area in Sq. ft. _____

e. Residence Location: Rural Urban

S #	Accommodation Location /Address	Number Of Bed Rooms		Number Of Air conditioners		Accommodation Monthly Rent	Accommodation Annual Rent
		1-2		Nil			
		1-2	<input type="checkbox"/>	Nil	<input type="checkbox"/>		
		2-4	<input type="checkbox"/>	1-2	<input type="checkbox"/>		
		4-6	<input type="checkbox"/>	3-6	<input type="checkbox"/>		
		6-8	<input type="checkbox"/>	6-8	<input type="checkbox"/>		
		Above 8	<input type="checkbox"/>	Above 8	<input type="checkbox"/>		
48	Total Accommodation Rental Expenditure						

Any other house/flat owned by the Parents/Guardian (if yes please specify with location and size) _____

49. Utilities Expenditures

Last Month Utilities Paid			
Telephone	Electricity	Gas	Water

Average of Last Six Months (Per Month Utilities Charges)					
S #	Telephone	Electricity	Gas	Water	Total
49					

50. Monthly Food /Kitchen Expenditures _____

51. Medical Expenditures: Average of last six months (Per Month Expenditure)_____

52. Travelling/ Miscellaneous Expenditures

Average of last six months (Per Month Expenditure) _____

Total Family Expenditures

S #	Education Expenditure (Sec. 22)	Accommodation Expenditure (Sec. 48)	Utilities Expenditure (Sec. 49)	Food Expenditure (Sec. 50)	Medical Expenditure (Sec. 51)	Misc. Expenditure (Sec. 52)	Total Monthly Expenditure (52.A)	Total Annual Expenditure (52.B)
52								

S #	Description	Amounts in Pak Rupees
(Sec.46-A)	Total Monthly Income	
(Sec. 52-A)	Total Monthly Expenditure	
53-A (46.A – 52.A)	Net Monthly Disposable Income*	

S #	Description	Amounts in Pak Rupees
(Sec.46-B)	Total Annual Income	
(Sec. 52-B)	Total Annual Expenditure	
52-B (46.B – 52.B)	Net Annual 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

Section B:**Cumulative information of Self, Parents and Guardian Assets****Assets (with current market value)**53. Does the family own any Transport? Yes No

If yes kindly fill the relevant details

S #	Transport Type (Car/ Motor cycle/ Others*)	Make /Model	Engine Capacity (CC)	Registration No.	Ownership Period
1					
2					
3					
4					

* Others: include tractor, rickshaw, bi-cycle, motorcycle rickshaw, carriage pick, truck etc.

54. Number of Cattle(s) (with kind) _____

55. Area and location of Land(s)/Plot(s) owned _____

Assets Title	Qty	Size	Location (Address)	Cultivable Area	Agricultural Yield per Acre
Residential					
Commercial					
Agricultural					
Employer/ Govt Scheme					

56. Assets worth (Current Market Value in Pak. Rs.)

S #	Assets Title	Father	Mother	Spouse	Self	Guardian	Total
1	House						
2	Business						
3	Land & Building						
4	Bank Balance						
5	Stocks/Prize bond						
6	Others/ Cattle(s)						
56	Total						

57. Taxes paid (per annum in Pak. Rs.) _____

Section C:
Financial arrangements for current year

58. Funds Availability for Applicant Education (per annum in Pak Rupees)

S #	Income Source	Father	Mother	Spouse	Self	Other	Total
1	Salary / Earnings						
2	Family / Friend Advances & Loan *						
3	Bank Loan						
4	Other (Specify)						
58	Total						

* Family/ Friend Loan
(Specify relationship with the relative / friend)

59. Any source of financing other then this scholarship (Please specify)

60. How were the admission /first semester charges paid?

Section D:					
Applicant Educational Record					
Level of Study	Name of the Institute	*Address of the Institute	Period(Start & End Date)	Per Month Fee	Division/ GPA/ Grade
Bachelors					
Intermediate					
Higher Secondary					
Secondary					
Primary					

* At least the name of the City is required in the field.

61. Have you ever awarded any other scholarship before: Yes No

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

S #	Name of Institute	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class / Level at which Scholarship was granted
1					
2					
3					

Statement of Purpose (Explain your suitability for this scholarship) - attach separate sheet if required

UNDERTAKING

- 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. 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.
- HEC reserves the right to use information given in this form for verification and other purposes.

Date: _____
 Parents / Guardian Signature _____

Date: _____
 Applicant Signature: _____

For Official use only

Are the applicant documents in order? Yes No

The notices furnished to the applicant for furnishing of required documentation

S #	Notice Date	Document Name Missing	Document Submission Date	Remarks
1				
2				
3				
4				

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

Additional Remarks

_____ Date

_____ Department Name

_____ Signature of Focal Person (Scholarships)

CHECKLIST OF DOCUMENTS REQUIRED

Following documents are required to be attached along with the scholarship application form:

S #	Name of Document	Tick (✓)	
		Yes	No
1.	One copy of University I.D. Card		
2.	One copy of first term paid up challan fee		
3.	Attested copies of Matriculation Mark Sheet and Certificate		
4.	Attested copies of Intermediate Mark Sheet and Certificate		
5.	One CNIC Copy (Self and Father/Guardian)		
6.	Two recent passport size photographs (Please do not staple them. Attach with the help of a paper clip)		
7.	One copy of bills paid up of each (Electricity / Gas/ Telephone)		
8.	One Copy of latest income certificate from employer (in case of service) / Certificate from Union Council /Mukhtiar (in case of non-service)		
9.	One copy of death certificate in case of orphan/Certificate from Union Council		
10.	Medical Certificate in case of any disability/Certificate from Doctor		

RECEIPT

Received APPLICATION FORM from Mr./Miss/Ms./Mrs. _____

Father's Name _____ Registration No. _____

Faculty / Institute / College of _____

On _____ Time _____ Hrs.

Signature of Receiving Officer

Dated: _____