

KHYBER MEDICAL CRIVERSHY Need Based Schohorship Application Form

SN	Application Form Check List Description	
	•	Tick the relevant
1	Copies of computerized NIC of	rerevant
	Father	
	Mother	
	Guardian	
2	Salary Certificate of	
	Father	
	Mother	
	Guardian	
3	Copies of the last month utility bills	
	Electricity	
	Gas	
	Telephone	
	Water	
4	Attested copy of rent agreement (if applicable)	
5	Copies of last & latest fee receipts of self and siblings *	H
6	Copies of Medical bills/ expenditure related documents (if applicable)	
7	Copies of pervious scholarship(s) attained (if applicable)	
8	Statement of Purpose	
*Tick	the Section When Completed	
I	Section A: Personal and family information	
II	Section B: Cumulative information of Self, Parents & Guardian Assets	H
III	Section C: Financial arrangements for current year	
IV	Section D: Educational Record	
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	 Provide False/vague/ incomplete information. Overwrite/ scratch on the form. 	

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	Name	of the Institute:						- Appendix Pro-		
	Degre	e Title / Program	ı:							
	1.	Applicant's Na	me:			Gender:	Male	Female		
	2.	Applicant NAD	RA		-			-		
	3.	Marital Status	Single[Marrie	d Divo	rced				
	4.	Age :	_ Domicile							
	5.	Present Address								
δ	6.									
mployed	7.	Are you current	ly wor kin g: `	Yes 1	10					
3(8. If answer is les to section No. 8 complete the sections (7-13)									
		Designation:Name of Employer /Company:								
	9.	Total Monthly A	ر Applicant Gro	ss Income in Pal	c Rs					
	10). Total Monthly A	Applicant Take	e Home Income*	* in Pak Rs					
		* Take Home	Income: Salary	/ Pay available afte	er deduction of taxes	s, provident fur	nd charges etc	·.		
	11	. Tel (Res.):	•	•						
		. Total Family M								
	S#	Name of Family			Marital Status		emarks**			
				Telationsinp						
	1									
	2									
	3									
	4									
	5			15.						
	6									
	13	Total Monthly Fai	nily Income (add self income,	, if applicable) Pa	ak Rupees				
	50455-	-								
	14. B	rothers/Sisters/Cl	nildren/Family	Members study	/ing					
	S #	Name	Relation with applicant	Name &	Address of Insti	tute	Fee per i	month		
	1									
			1	A ⁽¹⁾						



KHYBER MEDICAL USIVERSITY Need Based Scholarship Application Form

Total Fees & Tuition Charges Computerized N.I.C. No	2					
Computerized N.I.C. No	1					
Computerized N.I.C. No	3					
Computerized N.I.C. No						
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Computerized N.I.C. No	Total Fees	Pr Tuition Cham				
7. Status: Alive Deceased	Total I ces					
7. Status: Alive Deceased						
8. Professional status: Employed Retired Business Owner 9. Name of Company/Employer: Mobile: 22. Designation & Grade (BPS/ SPS/PTC etc): Gross Monthly Income: 23. Total Net Monthly Take Home Income (Salary/ Pension/ Others): 27. Monthly Financial Support Available to Applicant in Pak Rs. 28. FAMILY EXPENDITURES 30. 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 31. Utilities Expenditures Last Month Utilities Paid Telephone Self or Family Expenditure Expenditure			Comput	erized N.I.C. N	No	
9. Name of Company/Employer: 20. Tel (Off): 22. Designation & Grade (BPS/ SPS/PTC etc): 23. Total Net Monthly Take Home Income (Salary/ Pension/ Others): 24. Monthly Financial Support Available to Applicant in Pak Rs. 25. Monthly Financial Support Available to Applicant in Pak Rs. 26. Accommodation Expenditures Type: Bungalow Apartment /Flat Town House Village House Status: Rented Self or Family owned Rent Payment: Self Employer/Govt Others 51. Utilities Expenditures Last Month Utilities Paid Telephone Last Month Utilities Paid Telephone Education Expenditure						
22. Designation & Grade (BPS/ SPS/PTC etc):						
22. Designation & Grade (BPS/ SPS/PTC etc):	9. Name of Co	mpany/Employer:_				
22. Designation & Grade (BPS/ SPS/PTC etc):	20. Tel (Off): _			Mobile:		
23. Total Net Monthly Take Home Income (Salary/ Pension/ Others): 27. Monthly Financial Support Available to Applicant in Pak Rs. 29. FAMILY EXPENDITURES 30. Accommodation Expenditures Type: Bungalow	22. Designatio	n & Grade (BPS/SF	PS/PTC etc):	Gross N	Monthly Income	
27. Monthly Financial Support Available to Applicant in Pak Rs. 29. FAMILY EXPENDITURES 30. Accommodation Expenditures Type: Bungalow	23. Total Net N	Monthly Take Home	Income (Salary/	Pension/Otha	-al-	
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Type: Bungalow Apartment /Flat Town House Village House Status: Rented Self or Family owned Employer / Govt Owned Rent Payment: Self Employer/Govt Others Last Month Utilities Paid Telephone Electricity Gas Last Month Utilities Paid Telephone Electricity Gas Education Accommodation Utilities Misc. Total Monthly Total Annual Expenditure Expenditure Expenditure Expenditure		nanciai Support Ava	nable to Applica	int in Pak Rs		
Type: Bungalow Apartment /Flat Town House Village House Status: Rented Self or Family owned Employer / Govt Owned Rent Payment: Self Employer/Govt Others Last Month Utilities Paid Telephone Electricity Gas Last Month Utilities Paid Telephone Electricity Gas Education Accommodation Utilities Misc. Total Monthly Total Annual Expenditure Expenditure Expenditure Expenditure						
Type: Bungalow	29.FAMILY E	XPENDITURES				
Status: Rented Self or Family owned Employer / Govt Owned Rent Payment: Self Employer/Govt Others Continue	30. Accommod	lation Expenditures	3			
Status: Rented Self or Family owned Employer / Govt Owned Rent Payment: Self Employer/Govt Others 1. Utilities Expenditures Last Month Utilities Paid Telephone Electricity Gas Water Education Accommodation Utilities Misc. Total Monthly Total Annual	Type: H	Bungalow	Apartment /Fla	it 7	own House	Village House
Rent Payment: Self	Status:	Rented	Self or Family			
Last Month Utilities Paid Telephone Electricity Gas Water Total Family Expenditures Education Accommodation Utilities Misc. Total Monthly Total Annual Expenditure Expenditure Expenditure Expenditure Expenditure	Rent D	nyment: Self			Employer	.2562
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Expenditure Expenditure Expenditure	31. Utilities Ex Total Fami	Telephone V	Electricity	Gas		
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S #	Description	Amounts in Pak Rupees
(Sec.29A)	Total Monthly Income	
(Sec. 33)	Total Monthly Expenditure	
34	Net Monthly Disposable Income*	

Assets (with current market value) 35. Loan taken for Applicant Education * Family/ Friend Loan (Specify details of loan taken and relationship with the relative / friend) 36. Any source of financing other than loan (Please specify) 37. How were the admission /first semester charges paid?	
35. Loan taken for Applicant Education * Family/ Friend Loan (Specify details of loan taken and relationship with the relative / friend) 36. Any source of financing other than loan (Please specify)	
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37. How were the admission /first semester charges paid?	
37. How were the admission /first semester charges paid?	
38. Applicants educational record:	0/200
Level of Study Name and Location of Institute Name and Location of Fee To- From month/yr. To- From month/yr. GPA/	%age CGP
Bachelors	
Intermediate	
Secondary	
39. Per month fee/ tuition charges of the institution last attended	
40. Have you ever got any other Scholarships: Yes No	
5 P a g e	



KHYBER WELDER ALL SIVERSHAY Need Based Scholarship Application Form

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

Class / Level at which Scholarship was granted	Total Scholarship Period	Total Scholarship Amount	Scholarship Name	Name of Institute	S#
					1
					2
				nent of Purpose (Eypl	2

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

UNDERTAKING

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

Parents/Guardian Signature:	Student Signature:
Signature of Witness No. 1:	Signature of Witness No. 1:
Name:	Name:
CNIC:	CNIC:
Mobile No:	Mobile No: