



SHAHEED MOHTARMA BENAZIR BHUTTO
MEDICAL UNIVERSITY LARKANO, SINDH, PAKISTAN



STUDENT FINANCIAL AID OFFICE (SFAO)

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SANA SCHOLARSHIP PROGRAM FOR MBBS STUDENT OF
CHANDKA MEDICAL COLLEGE, LARKANA

Personal Data

Name: _____

Fathers Name: _____

CNIC# _____

Date of Birth _____

Domicile _____

Current year of study _____

Present postal address _____

Permanent address _____

Mobile No. _____

Educational Record (starting from matriculation)

S.No	Course	Year Of Passing	Board / University	Marks/Position (if any)

Father /Guardian Details

Name: _____

CNIC# _____

Status: Alive Deceased

Professional Status: government servant Private Servant Retired Business Owner

Name of Company/ Organization _____

Designation with grade _____

Monthly income _____

Mobile No. _____

Details of other earnings Persons

Numbers of earning persons other than father/ guardian _____

Total income from other sources apart from father's salary/business _____

Details of Assets

• House own Rented

• Shop/ land /cattle/ etc _____

• Vehicle if any owned by the family _____

Details of family

• Number of Dependents _____

• Number of Siblings _____

• Number of University going siblings _____

Expenditures

- Total family expenditure per month _____
- Total expenditure of university going siblings other than the applicant _____

- Applicants monthly expenditures including(cost of living, admission fee, tuition fee, hostel fee)

- Average utility bills per month _____
- Income vs expenditure, deficit/surplus (mention amount) _____
- If monthly income is in deficit explain how the deficit is meet _____

- Justification for need of scholarship

Undertaking

1. I undertake that I am not availing any other financial assistance, scholarships, fee concession or stipend
2. 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 institution will stop further assistance and the student will have to refund all payment and or penalty equal to total scholarship amount.
3. Scholarship award committee reserves the right to use information given in this form for verification purpose.

Parents/ Guardian Signature

Applicants Signature

Date _____

For Official Use

<ul style="list-style-type: none">• Recommended <input type="checkbox"/> Not recommended <input type="checkbox"/> <p>Remarks (if any) for rejection of application _____ _____</p>
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Signature of Chairman

Member

Member

Member

Member