

(Under Zakat and Usher Department, Govt. of Sindh)

	Degre	ee Title/Program:									_	
1.	Appl	icant's Name:						Gender: M	I ale		Femal	e [
		Registration N	0									_
2.	Appl	ication NADRA	NIC No. [
3.	Mar	ital Status Single	Ma	arried	Di	vorced [
4.	Age	:	Domicile _									
5.	Prese	ent Address:										
6.	Perm	anent Address: _										
7.	Are y	Are you currently working: Yes No No										
8.	If answer is Yes to Question No. 7 complete the section (9-10)											
	Designation: Name if Employer / Company:											
9.	Total Monthly Gross Income in Pak Rs.											
10.	. Total	Monthly Take H	ome Incor	ne* in l	Pak Rs							
	*Tak	e Home Income:	Salary / Pa	ay avail	able after	deducatio	n of	taxes, pro	vider	nt fund	charge	eto
11.	. Tel (Res.):	Mobil	le:		Em	ail: ₋					
12.	. Total	Family Members	s currently	living	with you:							
	S.#	Name of Fami	ily Membe	r (s)	Relati	onship	M	Iarital Stat	us	Ren	narks*	
	1											
-												
	2											
	3											
-	4											_
	4											
	5											
13	Deta	 il of Family Mem	bers Earni	ng (Tak	 ce extra sl	neet if rear	l iired	<u>)</u>				
13.	. Dotta	ar of Funnity Wieni		115 (141	ie extra si	leet ii reqe	an co	· <i>)</i>	Mo	onthly		
	\mathbf{s}	Family Member	Relation	·	Member	Organizat	tion	Designat		ross	Rema	r
	#	Name	ship		ipation	Name		ion	Pay	/Earni	ks	
				(Sp	ecify)					ng		
	1											
_	2											_
	3											
-	4											\dashv
	1.4.	Total Manthly E	omily Inco	me (ad	d Calf Inc	ome if an	nlias	hla) Dala			 	\dashv
	14	Total Monthly Fa	ammy Inco	me (ad	u seit inc	ome, ir ap	риса	ioie) Pak				
		Rs.										



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Brot	her/Sister/Childr	en/Family Me	mbers studyi	ng			
S.#	Name	Relation with Applicant	Name	&Address o	f Institute	Re	emarks
1							
2							
3							
4							
5							
6							
7							
15A	Total Fee & Tui	tion Charges					
Fath	er's / Husban	d's Name:					
	puterized CNIC						
Statu	ıs: Alive	Dece	ased				
Profe	essional Status:	Retired	Em	nployed	Busi	ness Owner	
Name of Company/Employer:							
	Off):						
	ipation Type:						
Desi	gnation & Grade	e (BPS/SPS/PT	TC etc):	Gros	s Monthly Ir	ncome:	
	l Net Monthly Ta		· · · · · ·				
	Other Supporting:						
	pation and Desi				-		
MOII	thly Financial Su Asset Income	ipport availab	е то Арриса	III III F AK KS	•		
S.#	(on monthly basis)	Father	Mother	Spouse	Self	Other	Total
1	Property Rent						
2	Land Lease						
3	Bank Deposits						
4	Shares / Securities						
5	Other (Specify)						
25A	Total						



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	26.	Total	Family	Monthly	Income
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S.#	Family Member Name	Relation	Monthly Income from Assets	Monthly Gross Pay/Earning	Monthly Net (Take home) Pay/Earning				
1									
2									
3									
4	Applicant Monthly Gross Pay/Earning								
5	Applicant Monthly Net (take home) pay								
26A	Total Monthly Income in Pak Rs:								
26B	Total Annual Income in Pak Rs:								
FAM	IILY EXPENDITURS:								
Acco	Accommodation Expenditures								

27.

	Accommodati	Number of	Number	of Accommodatio	Accommodati		
	House Plot Size in Sq. f	t	Co	Covered Area in Sq. ft			
	Rent Payment: Self Employer / Govt Others						
	Status: Rented Self	or Family	O ₁	wned Employer /Govt	Owned		
	House						
	Type: Bungalow	Apartment /	Flat	Town House	Village		
27A.	Accommodation Expe	nditures					

S.#	Accommodati on Location / Address	Number Bed Room	of as	Number Air Condition	Accor n Rent	nmodatio Monthly	Accon on Rent	nmodati Annual
	11441 CBB	1-2		1-2	Item		Ttent	
		2-4		2-4				
		4-6		4-6				
		Above 6		Above 6				
255								
27B	Total Accommodat	tion Rental E	xpend	iture				

Any other house / flat owned by the parents / Guardian (if yes please specify with location and

28. **Utilities Expenditure**

	Last Month Util	lities Paid	
Telephone	Electricity	Gas	Water



29.

NEED-CUM-MERIT SCHOLARSHIP

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Medical Expenditures: Average of last six month (Per Month Expenditure)

	Total Family E	xpenditures							
S.#	Education Expenditure			Medical Expenditure	Misc. Expenditure	Total Monthly Expenditure	Total Annual Expenditure		
30									
		S.#		Descrip	tion	Amoun	es		
		(Sec.26A)		Total Monthl	Monthly Income				
	(Sec.30)		-	Total Monthly	onthly Expenditure				
		31 (26.A- 30A)	Net	Monthly Dispo	osable Income*	4			
		S.#		Descrip	tion	Amour	Amount in Pak Rupees		
		(Sec.26B)		Total Annua	1 Income				
	(Sec.30) Total Annual Expenditure		Expenditure						
	32(26.B- 30.B) Net Annual Disposable Income*								
	e monthly / Ann	-		_	•	-	reasons for the	gap, and the	
arrang	ement through	which the di	ttere	nt gap is met	by the family	•			
Assets (with current market value) 33. Does the family own any transport? Yes			ort 2 Vac	7	NO 🗀				
33.	If yes kindly f		_		_	110			
S.#	Transport T	Гуре (Car /		ake / Model	Engine Capacity (C		istration No.	Ownership Period	
1									
2									
*Othe	*Other: include tractor, rickshaw, bi-cycle, motorcycle, carriage pick, truck etc.								
34. Number of Cattle(s) (with kind)									
35. Area and location of Land (s) / Plot(s) owned									
Assets	Title	Qty		Size	Location (Add	dress) l	uitivable rea	Agricultural Yield per Acre	
Reside	ntial								
Comm	ercial								
Agricu	ltural								
Emplo	yer/Govt Scheme	e							



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

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

<i>3</i> 8.	Loan taken for Applicant Education
* Fan	nily / Friend Loan
(Spec	rify details of loan taken and relationship with the relative / friend)
39.	Any source of financing other loan (Please specify)
40.	How were the admission / first semester charges paid ?

41. Applications educational record:

Level of Study	Name of Location of Institute	Per Month Fee	To From month/ year	Division / GPA	% age / CGPA
Bachelor					
Intermediate					
Secondary					



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42	2. Per month fee/ tuition cl	narges of the inst	itution last atten	ded	
43	3. Have you ever got any o	ther Scholarship	s: YesNo		
(If yes	fill the details of scholarshi	ps & attach docun	nentary proof of tl	ne scholarships)	
S.#	Name of Institution	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class /Level at which Scholarship was granted
1					
2					
State	ment of Purpose (Explain	vour suitability for	r this scholarship)	- attach separate	sheet if required
			F)		
UNDE	CRTAKING				
1.	The information given in this incorrect information will reapplication is found incorrect assistance and the student scholarship amount.	sult in the cancella	tion of this applica	tion. If any informistance, the institut	nation given in this te will stop further
2.	SMBBMU, Larkana reserves	s the right to use in	nformation given in	n this form for ver	rification and other
	purposes Date: Parents /	_	_		ication Signature:
Are the	e applicant documents in ord	der? Yes	No No		
Applic	ation Cash Review Dates (i)	(ii)		
Additio	onal Remarks				
	Date D	epartment Name	Signature I	Head of Departme	ent/ Focal Person