SHAHEED BENAZIR BHUTTO UNIVERSITY SHERINGAL, DIR (UPPER) KP

Office of the Students Financial Assistance

Email Address:sfao@sbbu.edu.pk

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Form No:…….. Dated:…../……/20…..

APPLICATION FORM FOR THE SCHOLARSHIP

1. Part-I

(Students Particulars)

I. Name of the applicant:…… CNIC No:……..

II. Year/Semester:……....Applied for the Scholarship:……..

III. Programme:……Regular/Self Finance:…….……...……..

IV. Department:……Campus:…….....……

V. Whether the applicant is currently in receipt of scholarship from a Government department or any other source:……Yes/No, if Yes , please mention the name of the Scholarship:…….……...

VI. Address (Permanent):……..……

VII. No. of siblings in the family (a) Brothers:……..(b) Sisters:……...……..……..

VIII. Position or percentage of marks attained in the last examination:……..……

IX. Father's Name:……Mobile No:……...……..

X. CNIC:……Occupation (if alive)…….....

XI. Monthly income:…….....

XII. Address of occupation:…….……..

XIII. Mother' Name, in case the Father is dead and the student is under 18yr:……..…

XIV. Mother CNIC:……Guardian Name (if both parents are dead):……Guardian's CNIC:……...……..

2. Part-II

(Particulars of applicant's family members who are students)

S.No	Name	Class/Program	Name of Institution	Whether he/she is in receipt of scholarship
1.				
2.				
3.				
4.				
5.				

3. Part-III

(Particulars of applicant's siblings who are employed)

S.No	Name	Age	Nature of Job/Designation	Job Address (in case of service, name of Department)	Monthly income
1.					
2.					
3.					
4.					
5.					

Date of Submission:……. Signature of Applicant:……

4. Part-IV

Undertaking

I……S/D/O…… do hereby solemnly undertake that the information above are true and in case the informations proved false the university reserve the right to take legal action against me.

Name of Applicant:…… Signature:…….

Signed by Scholarship Committee:

S.No:	Name:	Designation:	Signature:
1.			
2.			
3.			
4.			
5.			

…….
Director FAD