

GOVERNMENT OF SINDH ZAKAT & USHR DEPARTMENT

NEED-CUM-MERIT SCHOLARSHIP PROGRAM

Name	of University:			_
Degree	e Title / Program:	Year	Semester	_
01.	Applicant's Name:		Gender: Male F	emale
2.	Applicant NADRA NIC No.			
03. 04.	Marital Status: Age:	Single Married Domicile:		_
5.	Present Address:			
6.	Permanent Address:			
07. Ar	e you currently worki	ng: Yes No		
Note:	if answer is Yes to Se	ction No. 7 complete the section (8-	-10)	
08. De	signation:	Name of Employer / Co	ompany:	
9. To	tal Monthly Applican	t Gross Income in Pak Rs.		
10. To	tal Monthly Applican	t Take Home Income* in Pak Rs.		_
*T	ake Home income: Sa	alary / Pay available after deduction	of taxes, provident fund ch	arges etc.
11. Te	el (Res):	Mobile:	Email:	
12. To	tal Family Members	currently living with you:		

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

S#	Family	Relationship	Family	Organization	Designation	Monthly	Remarks
	Member		Member	Name		Gross	
	Name		Occupation			Pay/	
			(specify)			Earning	
1							
2							
3							
4							
14	Total Mo						

13. Details of Family Members Earning (attached extra sheet if required):

15. Brothers / Sisters / Children / Family Members studying:

S#	Name	Relation with	Name o& Address	Fees per year
		Applicant	Of Institute	
1				
2				
3				
4				
5				
6				
15A	Total Fees & Tuition Charg	ges		

16. Father's Name:	N.I.C No:
17. Status: Alive Dec	ceased
18. Professional Status: Employed	Retired Business Owner
19. Name of Company / Employer:	
20. TEl (Off):	Mobile
21. Occupation Type:	NTN
22. Designation & Grade (BPS / SPS / PT	C etc.): Gross Monthly Income:
23. Total Net Monthly Take Home Incom	ne (Salary / Pension / Others):
24. Any Other Supporting Person (Mothe	er / Guardian / Brother / Sister / Family / Relative / Guardian):
25. Name:	Relationship:
26. Occupation and Designation:	

- 27. Monthly Financial Support Available to Applicant in Pak Rs.
- 28. Asset Income (on monthly basis):

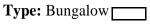
S#	Income	Father	Mother	Spouse	Self	Other	Total
	Source						
1	Property Rent						
2	Land Lease						
3	Bank Deposits*						
4	Shares / Securities*						
5	Other (Specify)						
28A	Total						

29. Total Family Monthly Income

S#	Family Member Name	Relationship	Monthly	Monthly Gross	Monthly Net
			Income	Pay / Earning	(Take home)
			Assets		Pay / Earning)
1					
2					
3					
4					
5	Applicant Monthly Gross Pay/ Earning				
6	Applicant Monthly Net (Take Income) Pay				
29A	Total Monthly Income in				
	Pak Rupees				
29B	Total Annual Income in Pak				
	Rupees				

30. Family Expenditures:

30-A. Accommodation Expenditures:



Apartment / Flat

Town

Village

Status: Rented

Family Owned

Employer / Govt Owned

House Plot Size in Sq ft. Covered Area in Sq ft. S# Number of Accommodation Number of Accommodation Accommodation Air Monthly Rent Location / Address Bed Rooms Conditions Annual Rent 1-2 1-2 2-4 2-4 4-6 3-4 Above 6 Above 6 **30 B** Total Accommodation Rental Expenditure

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

31. Utilities Expenditures

Last Month Utilities Paid						
Telephone	Electricity	Gas	Water			

(Bills attached)

32. Applicants Educational Record:

Level of Study	Name of	Acad	Academic		To – From	Division /	% age /
	Location	Performance		ice	Month – Year	GPA /	CGPA
	Of Institute	Year wise %		%		Grad	
Bachelors							
(undergraduate)							
Intermediate							
Matriculation							

33. Have you ever got any other Scholarship: Yes:

No.

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

Statement of Purpose: (Explain your suitability for this Scholarship) attach separate sheet if required.

Declaration: I hereby declare that the details furnished above are true and correct to be best of my knowledge and belief. In case of any of the above information is found to be false / misleading I may be held liable for any disciplinary action by the University Authorities.

Note: All relevant documents (attested) photo copies must be attached for verification.

Signature: _____

(Students Signature)

Signature:

(Chairman concerned department with seal / stamp)

GOVERNMENT OF SINDH ZAKAT & USHR DEPARTMENT



Dated: _____

ISTEHQAQ CERTIFICATE

3. He / She is poor person and has no source of income to meet the expenditure on Higher Education.

4. His / Her Istehqaq for Need-Cum-Merit Basis Scholarship is here by endorsed.

Stamp / Official seal of

Signature: _____

Authorized person.

Name of Authorized Person:	
	_

District Zakat & Usher Committee:
