



GOVERNMENT OF SINDH  
ZAKAT & USHR DEPARTMENT

**NEED-CUM-MERIT SCHOLARSHIP PROGRAM**

Name of University: \_\_\_\_\_

Degree Title / Program: \_\_\_\_\_ Year \_\_\_\_\_ Semester \_\_\_\_\_

01. Applicant's Name: \_\_\_\_\_ Gender: Male  Female

2. Applicant  
NADRA NIC No. 

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03. Marital Status: Single  Married  Divorced

04. Age: \_\_\_\_\_ Domicile: \_\_\_\_\_

5. Present Address: \_\_\_\_\_

6. Permanent Address: \_\_\_\_\_

07. Are you currently working: Yes  No

**Note:** if answer is Yes to Section No. 7 complete the section (8-10)

08. Designation: \_\_\_\_\_ Name of Employer / Company: \_\_\_\_\_

9. Total Monthly Applicant Gross Income in Pak Rs. \_\_\_\_\_

10. Total Monthly Applicant Take Home Income\* in Pak Rs. \_\_\_\_\_

\*Take Home income: Salary / Pay available after deduction of taxes, provident fund charges etc.

11. Tel (Res): \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

12. Total Family Members currently living with you: \_\_\_\_\_

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

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

S#	Family Member Name	Relationship	Family Member Occupation (specify)	Organization Name	Designation	Monthly Gross Pay/ Earning	Remarks
1							
2							
3							
4							
<b>14</b>	Total Monthly Family Income (add self-income, if applicable Pak Rupees)						

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

S#	Name	Relation with Applicant	Name o& Address Of Institute	Fees per year
1				
2				
3				
4				
5				
6				
<b>15A</b>	Total Fees & Tuition Charges			

16. Father's Name: \_\_\_\_\_ N.I.C No: \_\_\_\_\_

17. Status: Alive  Deceased

18. Professional Status: Employed  Retired  Business Owner

19. Name of Company / Employer: \_\_\_\_\_

20. TEI (Off): \_\_\_\_\_ Mobile \_\_\_\_\_

21. Occupation Type: \_\_\_\_\_ NTN \_\_\_\_\_

22. Designation & Grade (BPS / SPS / PTC etc.): \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

23. Total Net Monthly Take Home Income (Salary / Pension / Others): \_\_\_\_\_

24. Any Other Supporting Person (Mother / 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 Source	Father	Mother	Spouse	Self	Other	Total
1	Property Rent						
2	Land Lease						
3	Bank Deposits*						
4	Shares / Securities*						
5	Other (Specify)						
<b>28A</b>	Total						

29. **Total Family Monthly Income**

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

**30. Family Expenditures:**

**30-A. Accommodation Expenditures:**

**Type:** Bungalow       Apartment / Flat       Town       Village   
**Status:** Rented       Family Owned       Employer / Govt Owned

House Plot Size in Sq ft. \_\_\_\_\_ Covered Area in Sq ft. \_\_\_\_\_

S#	Accommodation Location / Address	Number of Bed Rooms	Number of Air Conditions	Accommodation Monthly Rent	Accommodation Annual Rent
		1-2	1-2		
		2-4	2-4		
		4-6	3-4		
		Above 6	Above 6		
<b>30 B</b>	Total Accommodation Rental Expenditure				

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

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### 31. Utilities Expenditures

Last Month Utilities Paid			
Telephone	Electricity	Gas	Water

(Bills attached)

### 32. Applicants Educational Record:

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

33. Have you ever got any other Scholarship: Yes: \_\_\_\_\_ No. \_\_\_\_\_

S#	Name of Institute	Scholarship	Total Scholarship Amount	Total Scholarship Period	Class / Level at which 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)**



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ZAKAT & USHR DEPARTMENT

Certificate No. \_\_\_\_\_

Dated: \_\_\_\_\_

**ISTEHQAQ CERTIFICATE**

It is certificated that Mr. / Mrs. \_\_\_\_\_

S/o / D/o \_\_\_\_\_ holder of CNIC No. \_\_\_\_\_

is a permanent resident of \_\_\_\_\_,  
(Address of Beneficiary)

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: \_\_\_\_\_

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