



Name of the University: **PEOPLES UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN NAWABSHAH (SBA)**.  
Degree Title / Program: \_\_\_\_\_

1. **Applicant's Name:** \_\_\_\_\_ Gender: Male  Female
2. Applicant NADRA \_\_\_\_\_  
NIC No. \_\_\_\_\_
3. Marital Status      Single       Married       Divorced
4. Age : \_\_\_\_\_ Domicile \_\_\_\_\_
5. Present Address \_\_\_\_\_
6. Permanent Address: \_\_\_\_\_
7. Are you currently working : Yes       No
8. **Father / Guardian Name .** \_\_\_\_\_  
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 (Take 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 & Address of Institute	Fee per month
1				
2				
3				
4				
5				
6				
<b>15A</b>	Total Fees & Tuition Charges			

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

17. Status: Alive  Deceased

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/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 from 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 home) Pay				
<b>29-A</b>	Total Monthly Income in Pak Rupees				
<b>29-B</b>	Total Annual Income in Pak Rupees				

**30. FAMILY EXPENDITURES**

**30A. Accommodation Expenditures**

**Type:** Bungalow  Apartment /Flat  Town House  Village House   
**Status:** Rented  Self or Family owned  Employer / Govt Owned   
**Rent Payment:** Self  Employer/Govt  Others

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

S #	Accommodation Location /Address	Number Of Bed Rooms		Number Of Air conditioners		Accommodation Monthly Rent	Accommodation Annual Rent
		1-2	<input type="checkbox"/>	1-2	<input type="checkbox"/>		
		2-4	<input type="checkbox"/>	2-4	<input type="checkbox"/>		
		4-6	<input type="checkbox"/>	4-6	<input type="checkbox"/>		
		Above 6	<input type="checkbox"/>	Above 6	<input type="checkbox"/>		
<b>30B</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

**32. Medical Expenditures: Average of last six months (Per Month Expenditure)\_\_\_\_\_**

**Total Family Expenditures**

#	Education Expenditure	Accommodation Expenditure	Utilities Expenditure	Medical Expenditure	Misc. Expenditure	Total Monthly Expenditure	Total Annual Expenditure
3							

S #	Description	Amounts in Pak Rupees
(Sec.29A)	Total Monthly Income	
(Sec. 33)	Total Monthly Expenditure	
<b>34</b> (29.A – 33A)	Net Monthly Disposable Income*	

S #	Description	Amounts in Pak Rupees
(Sec.29B)	Total Annual Income	
(Sec. 33)	Total Annual Expenditure	
<b>35</b> (29.B – 33.B)	Net Annual Disposable Income*	

\* If the monthly / Annual Disposable Income is negative, kindly explain the reasons for the gap, and the arrangements through which the differential gap is met by the family

**Assets (with current market value)**

36. Does the family own any Transport? Yes  No

If yes kindly fill the relevant details

S #	Transport Type (Car/ Motor cycle/ Others*)	Make /Model	Engine Capacity (CC)	Registration No.	Ownership Period
1					
2					

\* Others: include tractor, rickshaw, bi-cycle, motorcycle rickshaw, carriage pick, truck etc.



37. Number of Cattle(s) (with kind) \_\_\_\_\_

38. Area and location of Land(s)/Plot(s) owned \_\_\_\_\_

Assets Title	Qty	Size	Location (Address)	Cultivable Area	Agricultural Yield per Acre
Residential					
Commercial					
Agricultural					
Employer/Govt Scheme					

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

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

**41. Loan taken for Applicant Education**

\* Family/ Friend Loan

(Specify details of loan taken and relationship with the relative / friend)

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42. Any source of financing other than loan (Please specify) \_\_\_\_\_

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43. How were the admission /first semester charges paid?

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**44. Applicants educational record:**

Level of Study	Name and Location of Institute	Per Month Fee	To- From month/ yr.	Division/ GPA/	%age / CGPA
Bachelors					
Intermediate					
Secondary					



45. Per month fee/ tuition charges of the institution last attended \_\_\_\_\_

46. Have you ever got any other Scholarships: Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes fill the details of scholarships & attach documentary proof of the scholarships)

S #	Name of Institute	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class / Level at which Scholarship was granted
1					
2					

Statement of Purpose (Explain your suitability for this scholarship) - attach separate sheet if required

**UNDERTAKING**

- 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 institute will stop further assistance and the student will have to refund all payment received and or penalty equal to total scholarship amount.
- HEC reserves the right to use information given in this form for verification and other purposes.

Date: Parents / Guardian Signature \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**For Official use only**

Are the applicant documents in order?  Yes  No

Application Case Review Dates (i) \_\_\_\_\_ (ii) \_\_\_\_\_

Additional Remarks

\_\_\_\_\_ Date

\_\_\_\_\_ Department Name

\_\_\_\_\_ Signature Head of Department / Focal Person