



**PEOPLE'S UNIVERSITY OF MEDICAL & HEALTH SCIENCES FOR WOMEN  
SHAHEED BENAZIRABAD**

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**ALLIED BANK LIMITED, SCHOLARSHIP FOR ALLIED SCIENCES**

1. Student's Name : ..... Age: .....
2. Student's CNIC No. 

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3. Date & Place of Birth : ..... Domicile: .....
4. Father's Name: ..... Father's Profession .....
5. Father's CNIC No. 

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6. Postal / Mailing Address: .....
7. Permanent Address: .....
8. Contact / Cell No. ....
9. Email Address .....

**10. Academic Record**

Degree	Year of Passing	Board/ Institute	Marks Division Position	Subject
Secondary School Certificate				
Secondary School Certificate				
Bachelors				

11. Institute .....  
(where admission is to be obtained or presently studying)

12. Date of Admission in the Institution: .....

13. Class: ..... College Registration / Roll No. ....

Signature of Candidate

Signature and Seal of Head of the Institution