



APPLICATION FORM –ALLIED HEALTH SCIENCES SCHOLARSHIP PROGRAM – FY 2024

<p>Eligibility Criteria for this Program:</p> <ul style="list-style-type: none"> The applicant must be a Pakistani National Students must secure admission in the approved discipline at the participating institution as per admission policy of the institution and be enrolled in Undergraduate (4Years or 5Years) program or for Diploma program. The eligibility of a candidate is linked to neediness of the candidate as determined by the financial background of his/her family. Not availing any other educational scholarship during the current academic year 	PICTURE	
Please give True or False status of the following criteria		True/False
Pakistani/AJK National		
Applicant NOT availing any other educational scholarship during the current academic year		
INSTITUTE INFORMATION IN WHICH YOU HAVE TAKEN ADMISSION:		
1. Name of Institute admission taken:		
2. Address of the Institute		
3. Discipline / Subject		
PERSONAL INFORMATION:		
4. Applicant's Name:		
5. Applicant CNIC	<div style="display: flex; justify-content: space-between;"> Expiry Date D D M M Y Y Y Y </div>	
6. Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	
7. Applicant Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	
8. Applicant Date of Birth	<div style="display: flex; justify-content: space-between;"> DDMMYYYY </div>	
9. Domicile Province (Tick)	<input type="checkbox"/> Punjab, <input type="checkbox"/> Sindh (Rural), <input type="checkbox"/> Sindh (Urban), <input type="checkbox"/> KP, <input type="checkbox"/> Balochistan, <input type="checkbox"/> AJK, <input type="checkbox"/> FATA, <input type="checkbox"/> Gilgit-Baltistan, <input type="checkbox"/> ICT	
10. Domicile District		
11. Father's/Guardian Name		
12. Father/Guardian CNIC	<div style="display: flex; justify-content: space-between;"> Expiry Date D D M M Y Y Y Y </div>	
13. Father	Alive / Deceased	
14. Father Profession (Tick)	<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Business Owner	
15. Phone		
16. Mobile No		
17. Are you working (Tick)	<input type="checkbox"/> YES <input type="checkbox"/> NO if YES then what is your Monthly Income? (Rupees) _____	
18. Email Address		
CONTACT INFORMATION:		
19. *Present Address		
20. Permanent Address		

Institute Focal Person Signature

Applicant Signature

Government of Pakistan
Ministry of Federal Education and Professional Training
Pakistan Education Endowment Fund (PEEF)
(A Company incorporated in Pakistan under section 42 of Companies Ordinance 1984)



FAMILY INFORMATION								
21. Total Family Members currently living with you								
22. Details of Family Members Earning	S #	Family Member Name	Relationship	Family Member Occupation (Specify)	Monthly Gross Pay/Earning			
	1							
	2							
	3							
	4							
	TOTAL INCOME							
23. Brothers/Sisters studying*	S #	Name	Relation With Applicant	Name & Address of Institute		Fee per month		
	1							
	2							
	3							
	4							
	Total Fees & Tuition Charges							
24. Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian) (If Applicable)	1. Name: _____ 2. Relationship: _____ 3. Occupation and Designation _____ 4. Monthly Financial Support Available to Applicant in Pak Rs. _____							
25. What type of Transport your family own? (Tick)	<input type="checkbox"/> tractor, <input type="checkbox"/> rickshaw, <input type="checkbox"/> bi-cycle, <input type="checkbox"/> motorcycle rickshaw, <input type="checkbox"/> carriage pick, <input type="checkbox"/> truck, <input type="checkbox"/> car <input type="checkbox"/> Motor Cycle							
26. Applicants educational record*	Level of Study	Name and Location of Institute	Per Month Fee	To	- From	Year	Total Marks	Marks Obtained
	Matric							
	FA /FSc							

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Applicant Signature

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27. Per month fee/ tuition charges of the institution last attended*	
28. How were the admission / Fee charges paid*?	Scholarship, Own Resources, Loan, Relative Support
29. Have you ever got any other Scholarships previously*(Enter Type: Need base, Academic base, Both Type of Scholarship, No Scholarship):	
30. Are you currently availing any other scholarship? (Enter Name of Scholarship)*:	
31. Statement of Purpose* (Explain your suitability for this scholarship) -	
32. Hostel Facility Availing ?	<input type="checkbox"/> YES <input type="checkbox"/> NO if YES then what is the Hostel Name _____ and Hostel Address _____ _____ Hostel Warden Phone _____

UNDERTAKING BY THE APPLICANT:

1. 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.
2. Institute reserves the right to use information given in this form for verification and other purposes.
3. Institute reserve the right to reject or cancel any application(s) which it deems to be unsuitable for the scholarship programs. The rejection or selection decision cannot be challenged in any court of Law / Authority

Applicants Signature

----- TO BE SIGNED BY THE FOCAL PERSON OR HEAD OF DEPARTMENT-----

This is to be verified that the student has secured admission and eligible to apply for the scholarship.

Focal Person Signature

Head of Department Signature