

Government of Pakistan
National Education Foundation
Ministry of Education and Professional Training
Taleemi Chowk, G-8/4 Islamabad

APPLICATION FORM FOR SCHOLARSHIP

Please read and fill the application form carefully. Furnish authentic and comprehensive information. Attach all relevant documents. Answer all questions and mark N/A for not applicable. Incomplete application form will be rejected. Arrange the form as per serial number mentioned in check list.

Check list

S. No.	Description	Check List
1	Application form	
2	Applicant's attested CNIC/ B. form copy	
3	Parents attested CNIC copies	
4	Parents attested pay slips	
5	Attested copy of rent agreement if any	
6	Attested copy of house document , in case of owned house	
7	Attested copy of pension slip parents	
8	Death certificate of parents if deceased	
9	Parents' Bank statement of last six months	
10	Last month Utility bills – electricity , water, gas, telephone etc	
11	Income certificate of parents on pro forma	
12	Attested copy of fee slips of siblings including applicant	

Acknowledgment

Name of applicant _____ Father's name _____

Session _____ Date of submission _____

Received by _____

NATIONAL EDUCATION FOUNDATION
Application form for scholarship

STUDENT'S INFORMATION

- | | |
|----------------------------|-----------------------------------|
| 1. Name _____ | 2. CNIC #/ B. Form _____ |
| 3. Date of Birth _____ | 4. School/ Institution _____ |
| 5. Class/ Degree _____ | 6. Roll No/ Registration No _____ |
| 7. Session/ semester _____ | |

PARENT'S INFORMATION

- | | |
|---|---|
| 8. Father's Name _____ | 9. CNIC No. _____ |
| 10. Occupation/ organization /grade _____ | 11. Father's monthly income _____ |
| 12. Mother's Name _____ | 13. CNIC No. _____ |
| 14. Occupation/ organization /grade _____ | 15. Mother's monthly income _____ |
| 16. Any other source of income _____ | 17. Total monthly income of household _____ |

ASSETS INFORMATION

- | | |
|-----------------------------------|------------------------------------|
| 18. Own house size _____ | 19. If rented , monthly rent _____ |
| 20. Land size/ value if any _____ | 21. Value of Shop if any _____ |
| 22. Car/ motor bike etc _____ | 23. Any other property _____ |

PARTICULARS OF SIBLINGS

Name	Age	Class/Degree	School/ College/ University	Monthly fee

Note: Attested copies of the certificate and fee slips must be attached

MONTHLY UTILITY BILLS

Note: Attested copies of the utility bills must be attached

Month	Utility	Amount in Rs.
	Water	
	Gas	
	Electricity	
	Telephone	

- 25. Is applicant receiving any other scholarship or aid (yes/no)_____
- 26. State the source and amount of scholarship

Signature of the applicant

Signature of parent/ guardian

Dated: _____

UNDERTAKING

I Mr./Mrs._____ Father/Mother/Guardian of Mr./Ms._____ student of class _____ school_____ hereby undertake that in case of any false information/ forged document, I shall refund the scholarship amount and deposit the equal amount as fine and be liable to face any legal action.

Signature of parent/ guardian

INCOME STATEMENT CERTIFICATE

Please fill the relevant Income Certificate

I Mr./Ms. _____ Father/Mother of Mr./Ms. _____
CNIC/# _____ here by, truthfully state the following:-

1. I am a self employed person and running the business of _____
2. The name of the business/shop is _____
3. The address of my business /shop is _____
4. The business/ shop location is owned by _____
5. I deal in the following main commodities _____
6. My total annual income from this business/shop is Rs. _____
7. I have _____ number hired workers.

I have knowing and willfully stated the above facts are wrong my child's financial aid application should be cancelled.

Signature & Name business/shop Owner

Date

I Mr./Ms. _____ Father/Mother of Mr./Ms. _____
CNIC# _____ here by, truthfully state the following:-

1. I along with my all family own (land size) of agricultural ans situated (**complete address of where is situated**).
2. I cultivate (**name of crop cultivated**) crop on this land.
3. My annual income from the sale of the crop is Rs. _____
4. I have _____ number of hired workers working on my land.

I have knowing and willfully stated the above facts are wrong my child's financial aid application should cancelled.

Signature & Name

Date

I Mr./Ms. _____ Father/Mother of Mr./Ms. _____
CNIC# _____ here by, truthfully state the following:-

1. I work as a laborer /private worker.
2. My nature of work is (Describe it).
3. My duly income all sources its Rs. _____

I have knowing and willfully stated the above facts are wrong my child's financial aid application should be cancelled.

Signature & Name

Date

**Government of Pakistan
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Taleemi Chowk, G-8/4, Islamabad**

NEED BASED FINANCIAL ASSIASTANCE OF WIDOW

S.No _____

Date:- _____

1. Name of Teacher (Husband): _____

2. CNIC of Husband #

						-								-	
--	--	--	--	--	--	---	--	--	--	--	--	--	--	---	--

3. Name of Institution where he was employed: _____

4. Designation: _____ BPS _____ Monthly Pension Rs. _____

5. Particulars of guardian supporting financially:

S.#	Name	Profession	Monthly Income	Relationship with Applicant
1)				
2)				
3)				

6. Details of any other source of income of the family: _____

7. Name of the widow: _____

CNIC #

						-								-	
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8. No. of the Children: Sons _____ Daughters _____

9. Status of the Widow: Working _____ Non working _____

10. If yes please specify the name of the Organization: _____

11. Designation: _____ Grade _____ Monthly Salary Rs. _____

12. In case any children of the widow has been receiving scholarship from this foundation please give details:-

Name of the Student: _____

Institution where studying: _____

Class/Term: _____

Amount of Scholarship: _____

13. Details of other children studying in school/college:

S.#	Name of Student	Class	Sessions	Name of School/ College

14. Permanent address: _____

15. Present address: _____

CERTIFICATE

16. It is certified that information provided above is true and nothing has been concealed. In case, I am found guilty of providing any wrong information /concealing anything. I will pay back the whole amount of financial assistance received to National Education Foundation.

Date: _____ Signature of widow: _____

Signature of Guardian if any: _____

17. It is certificate that the applicant's son/ daughter is not receiving scholarship from any other source including Baitulmall.

18. It is certificate that the above entries made by the applicant are correct and he/she deserves financial assistance from the foundation.

(Signature of the Gazetted Office)

With office stamp

19. The following documents must be attached with this from:

- (1). Attested Photocopy of Form "B" & CNIC
- (2). Attested Photocopy of N.I.C card of Husband & widow.
- (3). Service certificate of husband and widow if employed from concerned institution & duty verification by Directorate of Education
- (4). Attested photocopy of Death certificate.
- (5). Attested copy of Monthly pension slip.