RABIA ZUBERI SCHOLARSHIP APPLICATION FORM

Scholarship is based on assessment of need and merit as well as availability of funds. Selection will be decided on the basis of information provided in this form and investigations for the authentication of provided information. Candidate may be required to appear for interview (s).

PROVIDING FALSE INFORMATION

Providing false information may result in one or all of the following:

- Cancellation of admission.
- Rustication from the university.
- Initiation of criminal proceedings.
- Disqualification for award of any future loan/scholarship.
- Refund of all the payment received and or a penalty equal to total scholarship amount.

INSTRUCTIONS FOR FILLING OUT THE SCHOLARSHIP APPLICATION FORM:

- ✓ Fill in the form using black ball point pen and write in capital letters
- $\checkmark~$ Read the application form carefully.
- ✓ Make a photocopy of the application form
- ✓ Complete the photocopy form and make sure everything is correct and final
- ✓ Copy all information from photocopied form to the original form
- ✓ Submit duly completed application form to the admission office or focal person
- ✓ Furnish factual, comprehensive and authentic information in the form
- ✓ For family financial reporting parents/guardian may be consulted for guidance
- ✓ Whenever in doubt or lost, seek help from the Focal Person
- ✓ Ensure that you have attached all the required documents by putting a tick mark in checklist
- ✓ Answer all questions. Those not applicable should be marked "N/A"
- ✓ Affidavit Needs to be submitted after final selection of the candidate

ATTACH FOLLOWING DOCUMENTS

- □ Copies of CNIC of father, mother and/or guardian
- □ Salary certificate of father, mother and/or guardian
- □ Copies of utility bills of last 3 months (electricity, gas, telephone)
- Attested photocopy of rental agreement (if applicable)
- □ Latest fee challans of siblings studying at any level





C	Couse Title / Program:	□ Fine Arts	\Box Comm.	Design	□ Tex	tile Design		Digital	Media	а
1	1. Applicant's Name	:				Gende	r: 🗆 Male	[Ferr	nale
2	2. Applicant NIC No.			-				-		
3	8. Marital Status	□ Single	□ Ma	rried	🗆 Div	vorced				
4	. Age:									
5	6. Present Address									
6	5. Permanent Address:									
7	z. Are you currently working: □ Yes □ No									
8	. If answer is Yes to S	Section No. 7 c	omplete the se	ections (9-	10)					
	Designation:		Name	of Emplo	yer /Comp	any:				
9	. Total Monthly Applic	ant Gross Inco	ome in Pak Rs			-				
1	0. Total Monthly Applic									
	* Take Home Incor									
1	1. Tel (Res.):					-				_
	2. Total Family Membe									_
S #	Name of Family Men	nber (s)	Relationship	Marita	al Status		Remarks**			
1										
2										
3										
4										
5										
6										
1	3. Details of Family Me	mbers Earning	g (Take extra s	sheet if red	quired):	1				
S	Family	Fa	amily Member	Organiza	ition		Monthly G			

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



15. Brothers/Sisters/Children/Family Members studying _____

S #	Name	Relation with applicant	N	Name & Addre	ss of Institute		Fee per	month
1								
2								
3								
4								
5	 							
6	 						ļ	
15A	Total Fees & Tui	ition Charges						
16.	16. Father's Name:Computerized N.I.C. No							
	17. Status: Alive Deceased							
18.	. Professional status: Employed Retired Business Owner							
19.	Name of Compar	ny/Employer:						
20.	Tel (Off):			N	lobile:			
	Occupation Type							
22.	Designation & G	rade:			Gross N	Monthly Inco	me:	
23.	Total Net Monthly	y Take-Home In	come (Sal	ary/ Pension/	Others):			
24.	Any Other Suppo	orting Person (M	lother/ Gua	ardian/ Brothe	r/ Sister/Fami	ily Relative/G	Guardian):	
25.	Name:			[Relationship:			
26.	Occupation and I	Designation						
27.	Monthly Financia	al Support Availa	ble to App	licant in Pak I	Rs			
28.	Asset Income (c	on monthly basis	3)					
S #	Income S		Father	Mother	Spouse	Self	Other	Total
1	Property Rent			[
2	Land Lease			<u> </u>				
3	Bank Deposits'							
4	Shares / Secur							
5	Other (Specify))						
28A	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 (Ta	ake home) Pay			
29-A	Total Monthly Incom	e in Pak Rupees			

30. FAMILY EXPENDITURES

31. Accommodation Expenditures

Туре:	□ Bungalow
Status:	Rented
Rent Payment:	□ Self

□ Apartment/Flat

□ Sell/Family Owne □ Employer / Govt.

□ Self/Family Owned □ Employer / Govt. Owned

Other

House Plot Size in Sq. ft._____Covered Area in Sq. ft._____

If rented, mention monthly rent:

32. Utilities Expenditures

Last Month Utilities Paid					
Telephone	Electricity	Gas	Water		

33. Medical Expenditures: Average of last six months (Per Month Expenditure)

Total Family Expenditures

S#	Expanditura	Accommodation Expenditure	Utilities Expenditure	Medical Expenditure	Misc. Expenditure	Total Monthly Expenditure	Total Annual Expenditure
34							

S #	Description	Amounts in Pak Rupees
(Sec.29A)	Total Monthly Income	
(Sec. 34)	Total Monthly Expenditure	
35	Net Monthly Disposable Income*	
(29.A – 34)		



36. Does the family own any Transport? \Box 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.

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

UNDERTAKING

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.	KSA reserves the right to use information given in this form for verification and other purposes.

Date: Parents / Guardian Signature		Applicant Signature:	
For Official use of Are the applicant of	only documents in order? Yes	No No	
Application Case	e Review Dates (i)	(ii)	
Additional Rema	arks		
Date	Department	Signature Head of Department / Focal	