

#### 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
- ✓ 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
- ✓ Check your application for spellings, grammatical errors and factual oversight
- ✓ Keep a photocopy of the filled-in original application form for your record
- ✓ 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

#### **Definitions:**

**Family**: Father, mother(s), brother(s), sisters(s), Maternal / Paternal Uncles (s) & Aunts, Grandparents etc.





#### **Application Form Check List**

| SN    | Description  | Tick the relevant               |
|-------|--|---------------------------------|
| 1     | Copies of computerized NIC of  | 7070 / 0070                     |
|       | Father   |                                 |
|       | Mother   |                                 |
|       | Guardian   |                                 |
| 2     | Income Tax Certificate   | _                               |
|       | Father   |                                 |
|       | Mother   |                                 |
|       | Guardian   |                                 |
| 3     | Copy of last Income Tax Return of                                      |                                 |
|       | Father   |                                 |
|       | Mother   |                                 |
|       | Guardian   |                                 |
| 4     | Salary Certificate of  |                                 |
|       | Father   |                                 |
|       | Mother   |                                 |
|       | Guardian   |                                 |
| 5     | Copies of last six (06) month utility bills                            |                                 |
|       | Electricity  |                                 |
|       | Gas  |                                 |
|       | Telephone  |                                 |
|       | Water  |                                 |
| 6     | Attested copy of rent agreement (if applicable)                        |                                 |
| 7     | Copies of last & latest fee receipts of self and siblings *            |                                 |
| 8     | Copies of Medical bills/ expenditure related documents (if applicable) |                                 |
| 9     | Copies of pervious scholarship(s) attained (if applicable)             |                                 |
| 10    | Statement of Purpose   |                                 |
| * Sib | lings are brother & sisters  | Tick the Section When Completed |
| Ι     | Section A: Personal and family information                             | Tick the Section when Completed |
| II    | Section B: Cumulative information of Self, Parents & Guardian Assets   |                                 |
| III   | Section C: Financial arrangements for current year                     |                                 |
| IV    | Section D: Educational Record  |                                 |
| DO's  | <u> </u>   |                                 |

#### D

- Send your application by post or submit by hand to the admission office or focal person.
- Place documents in right order as per above sections (1 to 10)
- Put all amounts in Pak Rs.
- Do consult with parent(s)/guardian(s) for financial data accuracy & reliability
- For the information not present/relevant write in capital letters N/A

#### DO NOT:

- Provide False/vague/ incomplete information.
- Overwrite/ scratch on the form. Send scholarship application form directly to HEC





Name of the University: WOMEN UNIVERSITY OF AZAD JAMMU AND KASHMIR BAGH Degree Title / Program: **Section A: Applicant Personal and Family Information** 1. Applicant's Name: Gender: Male | Female | 2. University Reg. No: 3. Applicant NADRA NIC No. 4. Marital Status Single Married Divorced 5. Age : \_\_\_\_\_ Place of Birth \_\_\_\_\_ 6. Present Address 7. Permanent Address: 8. Are you currently working: Yes No 9. If answer is Yes to Section No. 8 complete the sections (9-13) Designation: \_\_\_\_\_\_ Name of Employer /Company: \_\_\_\_\_ 10. Previous Employer/Company Name (if applicable): 11. Total Monthly Applicant Gross Income in Pak Rs. \_\_\_\_ 12. Total Monthly Applicant Take Home Income\* in Pak Rs. \_\_\_\_ 13. Total Annual Applicant Gross Income: \_\_\_\_\_ Applicant NTN No. \_\_\_\_\_ \* Take Home Income: Salary / Pay available after deduction of taxes, provident fund charges etc. 14. Tel (Res.): \_\_\_\_\_ Mobile: \_\_\_\_ 15. Email: 16. Total Members in the Family: \_\_\_\_\_ 17. Total Family Members currently living with you: 18. Total Number of Brothers/Sisters married \_\_\_\_\_ S # Name of Family Member (s) Relationship Remarks\*\* Marital Status 1 2 3 4 5 6 7





| 19    | . Total Earnir                    | ng Members in                         | C-French Needs Base<br>Family:   | d Scholarship I Tog  |              |                                | Page 4 of 13                            |
|-------|-----------------------------------|---------------------------------------|--|----------------------|--------------|--------------------------------|---|
|       |                                   | amily Member                          | -  |                      |              |                                |   |
| S   N | Family<br>Member Name             | Relationship                          | Family Member occupation ***   | Organization<br>Name | Designation  | Monthly<br>Gross<br>Pay/Earnin | Remarks                                 |
| 1     |                                   |                                       |  |                      |              |                                |   |
| 2     |                                   |                                       |  |                      |              |                                |   |
| 3     |                                   |                                       |  |                      |              |                                |   |
| 4     |                                   |                                       |  |                      |              |                                |   |
| 4     |                                   |                                       |  |                      |              |                                |   |
| T 0.  | Total Monthly                     | Family Income                         | e (add self incom  | e, if applicable)    | ) Pak Rupees |                                |   |
|       | 4. Own E 5. Others 1. Total No of | Details/nature of sel<br>family membe | ed). Details/nature of self<br>f business need to filled i<br>rs not earning<br>Family Members | n at remarks column  |              |                                |   |
| 22    | . Diomeis/Sis                     | sters/Cilitaren/1                     | •  | iblings Studyir      |              |                                |   |
| S #   | Name                              | Relation with applicant               |  | ldress of Institu    |              | month                          | Tuition<br>per month<br>(If applicable) |
| 1 2   |                                   |                                       |  |                      |              |                                |   |
| 3     |                                   |                                       |  |                      |              |                                |   |
| 4     |                                   |                                       |  |                      |              |                                |   |
| 5     |                                   |                                       |  |                      |              |                                |   |
| 6     |                                   |                                       |  |                      |              |                                |   |
|       |                                   |                                       | es   |                      |              |                                |   |

| 23. Father's Name:                | _ Computerized N.I.C. No |
|-----------------------------------|--------------------------|
| 24. Status: Alive Deceased        |                          |
| 25. Professional status: Employed | Retired Business Owner   |



| HEC-Frenc                            | h Needs Based Scholars | hip Program                 | Page 5 of 13   |
|--------------------------------------|------------------------|-----------------------------|----------------|
| 26. Name of Company/Employer:        |                        |                             |                |
|                                      |                        |                             |                |
| 27. Address:                         |                        |                             |                |
| 28. Tel (Off):                       |                        |                             |                |
| 29. Occupation Type:                 |                        |                             |                |
| 30. Designation & Grade (BPS/SPS     | S/PTC etc):            |                             |                |
| 31. Total Gross Monthly Income (Sa   | lary/ Pension/ Othe    | rs):                        |                |
| 32. Total Net Monthly Take Home Ir   | acome (Salary/ Pens    | sion/ Others):              |                |
| 33. Previous Occupation (if applicab | le):                   |                             |                |
| 34. Total Annual Income:             |                        | NTN                         |                |
| 35. Any Other Supporting Person (M.  | Iother/ Guardian/ B    | rother/ Sister/Family Relat | ive/Guardian): |
| 36. Name:                            | Re                     | lationship:                 |                |
| 37. Address:                         |                        |                             |                |
| 38. Tel (Off/Res)                    | Mobile No              | NIC no                      |                |
| 39. Occupation                       |                        |                             |                |
| 40. Designation                      | Name of Con            | npany/Employer              |                |
| 41. Total Monthly Gross Income (Sa   | lary/ Pension/ Othe    | rs)                         |                |
| 42. Total Net Monthly Take Home Ir   | acome (Salary/ Pens    | sion/ Others):              |                |
| 43. Total Net Annual Income          |                        |                             |                |
| 44. Monthly Financial Support Avail  | able to Applicant ir   | n Pak Rs                    |                |

**45. 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)      |        |        |        |      |       |       |
| 45 | Total                |        |        |        |      |       |       |

<sup>\*</sup> For sources with annual income returns, kindly report the monthly income earned





## 46. Total Family Monthly Income

|   | Monthly Gross Pay/Earning                                 | Monthly Net (Take home) |  |  |  |  |  |  |
|---|---|-------------------------|--|--|--|--|--|--|
|   | Pay/Earning   | (Take home)             |  |  |  |  |  |  |
| (Sec. 45)                                       |   |                         |  |  |  |  |  |  |
|   |   | Pay/Earning             |  |  |  |  |  |  |
| 1   |   |                         |  |  |  |  |  |  |
| 2   |   |                         |  |  |  |  |  |  |
| 3   |   |                         |  |  |  |  |  |  |
| 4   |   |                         |  |  |  |  |  |  |
| 5 Applicant Monthly Gross Pay/Earning (Sec. 11) |   |                         |  |  |  |  |  |  |
| 6 Applicant Monthly Net (Take home)             |   |                         |  |  |  |  |  |  |
| Pay/Earning (Sec. 12)                           |   |                         |  |  |  |  |  |  |
| 46-A Total Monthly Income in Pak Rupees         |   |                         |  |  |  |  |  |  |
| Total Annual Income in Pak Rupees  46-B         |   |                         |  |  |  |  |  |  |
| 47. FAMILY EXPENDITURES                         |   |                         |  |  |  |  |  |  |
| 48. Accommodation Expenditures                  |   |                         |  |  |  |  |  |  |
| Type: Bungalow Apartment /Flat T                | Town House  | Village House           |  |  |  |  |  |  |
| Status: Rented Self or Family owned H           | Status: Rented Self or Family owned Employer / Govt Owned |                         |  |  |  |  |  |  |
| Rent Payment: Self Employer/Govt                |   | Others                  |  |  |  |  |  |  |
| House Plot Size in Sq. ft Covered Ar            | ea in Sq. ft  |                         |  |  |  |  |  |  |
|   |   |                         |  |  |  |  |  |  |

| S # | Accommodation Location /Address | Number Of<br>Bed Rooms | Number Of Air conditioners | Accommodation  Monthly Rent | Accommodation Annual Rent |
|-----|---------------------------------|------------------------|----------------------------|-----------------------------|---------------------------|
|     |                                 | 1-2                    | 1-2                        |                             |                           |
| 48  | Total Accommodation             | Rental Expenditure     |                            |                             |                           |





| Any other | er house/flat | owned by the | Parents/Guardian | (if yes ple | ase specify | with l | ocation |
|-----------|---------------|--------------|------------------|-------------|-------------|--------|---------|
| and size  | )             |              |                  |             |             |        |         |

#### 49. Utilities Expenditures

| Last Month Utilities Paid |             |     |       |  |  |  |
|---------------------------|-------------|-----|-------|--|--|--|
| Telephone                 | Electricity | Gas | Water |  |  |  |
|                           |             |     |       |  |  |  |

| Average of Last Six Months (Per Month Utilities Charges) |           |             |     |       |       |  |  |
|--|-----------|-------------|-----|-------|-------|--|--|
| S #  | Telephone | Electricity | Gas | Water | Total |  |  |
| 49   |           |             |     |       |       |  |  |

| 50. Monthl | y Food /Kitchen | <b>Expenditures</b> |  |
|------------|-----------------|---------------------|--|
|            |                 |                     |  |

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

#### 52. Travelling/ Miscellaneous Expenditures

Average of last six months (Per Month Expenditure)

## **Total Family Expenditures**

| C        | Education   | Accommodation | Utilities   | Food        | Medical     | Misc.       | Total Monthly | Total Annual |
|----------|-------------|---------------|-------------|-------------|-------------|-------------|---------------|--------------|
| <b>S</b> | Expenditure | Expenditure   | Expenditure | Expenditure | Expenditure | Expenditure | Expenditure   | Expenditure  |
| #        | (Sec. 22)   | (Sec. 48)     | (Sec. 49)   | (Sec. 50)   | (Sec. 51)   | (Sec. 52)   | (52.A)        | (52.B)       |
| 52       |             |               |             |             |             |             |               |              |

| S #                   | Description                    | Amounts in Pak Rupees |
|-----------------------|--------------------------------|-----------------------|
| (Sec.46-A)            | Total Monthly Income           |                       |
| (Sec. 52-A)           | Total Monthly Expenditure      |                       |
| 53-A<br>(46.A – 52.A) | Net Monthly Disposable Income* |                       |

| S #           | Description                   | Amounts in Pak Rupees |
|---------------|-------------------------------|-----------------------|
| (Sec.46-B)    | Total Annual Income           |                       |
| (Sec. 52-B)   | Total Annual Expenditure      |                       |
| 52-B          | Net Annual Disposable Income* |                       |
| (46.B - 52.B) |                               |                       |

\* 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





|    |   |   | <b>.</b> • |   |    | - |   |
|----|---|---|------------|---|----|---|---|
| •  | Ω | n | t٦         | ^ | n  | B | • |
| 17 | C | u | u          | w | ,, | D | • |

| Section D.  |  |                |                      |                     |                     |  |  |  |
|---|--|----------------|----------------------|---------------------|---------------------|--|--|--|
|   | Cumulative information of Self, Parents and Guardian Assets  |                |                      |                     |                     |  |  |  |
| Assets (with current market value)  53. Does the family own any Transport? Yes No |  |                |                      |                     |                     |  |  |  |
| S #   | Transport Type (Car/ Motor cycle/ Others*)   | Make /Model    | Engine Capacity (CC) | Registration No.    | Ownership<br>Period |  |  |  |
| 1   |  |                |                      |                     |                     |  |  |  |
| 2   |  |                |                      |                     |                     |  |  |  |
| 3   |  |                |                      |                     |                     |  |  |  |
| 4   |  |                |                      |                     |                     |  |  |  |
|   | * Others: include tractor, rick<br>54. Number of Cattle(s) (with kir<br>55. Area and location of Land(s) | nd)            |                      | , carriage pick, tr | ruck etc.           |  |  |  |
| :   | <b>55.</b> Area and location of Land(s)  | /Plot(s) owned |                      |                     |                     |  |  |  |

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

## **56.** 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) |        |        |        |      |          |       |
| 56  | Total             |        |        |        |      |          |       |





**57. Taxes paid** (per annum in Pak. Rs)\_

| C  | ection | C. |
|----|--------|----|
| .7 | echion |    |

## Financial arrangements for current year

# 58. Funds Availability for Applicant Education (per annum in Pak Rupees)

| S # | Income Source            | Father | Mother | Spouse | Self | Other | Total |
|-----|--------------------------|--------|--------|--------|------|-------|-------|
| 1   | Salary / Earnings        |        |        |        |      |       |       |
| 2   | Family / Friend Advances |        |        |        |      |       |       |
|     | & Loan *                 |        |        |        |      |       |       |
| 3   | Bank Loan                |        |        |        |      |       |       |
| 4   | Other (Specify)          |        |        |        |      |       |       |
|     |                          |        |        |        |      |       |       |
| 58  | Total                    |        |        |        |      |       |       |

| * Family/ Friend Loan (Specify relationship with the relative / friend)         |  |  |  |  |  |
|---|--|--|--|--|--|
|   |  |  |  |  |  |
| <b>59.</b> Any source of financing other then this scholarship (Please specify) |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| <b>60.</b> How were the admission /first semester charges paid?                 |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |



RÉPUBLIQUE FRANÇAISE



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| Section D:                          |
|-------------------------------------|
| <b>Applicant Educational Record</b> |

| Level of Study  Name and Location of Institute  Bachelors  Intermediate  Secondary  61. Per month fee/ tuition charges of the institution last attended  | %age /<br>CGPA                       |
|--|--------------------------------------|
| Intermediate Secondary  61. Per month fee/ tuition charges of the institution last attended  |                                      |
| Secondary  61. Per month fee/ tuition charges of the institution last attended   |                                      |
| 61. Per month fee/ tuition charges of the institution last attended  |                                      |
|  |                                      |
| 62. Have you ever awarded any other scholarship before: Yes No   |                                      |
| (If yes fill the details of scholarships & attach documentary proof of the scholarships)   |                                      |
| S# Name of Institute   Scholarship   Scholar | evel at which<br>arship was<br>anted |
| 1  |                                      |
| 2  |                                      |
| 3  |                                      |
| Statement of Purpose (Explain your suitability for this scholarship) - attach separate sheet in  | f required                           |
|  |                                      |
| <ul> <li>UNDERTAKING</li> <li>1. The information given in this application is true to the best of my knowledge and I understand that a information will result in the cancellation of this application. If any information given in this application incorrect or false after grant of financial assistance, the institute will stop further assistance and the student</li> </ul>   | any incorrect                        |
| refund all payment received and or penalty equal to total scholarship amount.  2. HEC reserves the right to use information given in this form for verification and other purposes.  |                                      |

| Date:                              | Date:                |
|------------------------------------|----------------------|
| Date: Parents / Guardian Signature | Applicant Signature: |

# For Official use only

|        |                    | uments in order? Yes  to the applicant for furnishing | ☐ No g of required documentation | on                        |  |  |
|--------|--------------------|---|----------------------------------|---------------------------|--|--|
| S #    | Notice Date        | Document Name Missing                                 | Document Submission Date         | Remarks                   |  |  |
| 1      |                    |   |                                  |                           |  |  |
| 2      |                    |   |                                  |                           |  |  |
| 3      |                    |   |                                  |                           |  |  |
| 4      |                    |   |                                  |                           |  |  |
| Applic | cation Case Rev    | iew Dates (i)   | (ii)                             |                           |  |  |
| Additi | Additional Remarks |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
|        |                    |   |                                  |                           |  |  |
| Date   |                    | Department Name                                       | Signature Head of I              | Department / Focal Person |  |  |

#### SPECIMEN (1 pages)

Each Page must be executed on stamp paper, Other papers not acceptable, type one side of paper only.

This Affidavit needs to be submitted after final selection

## **Deed of agreement**

# For Undertaking a Course of Studies Under the Scheme "HEC-French Needs Based Scholarship Program"

|                         | Mr./ Ms   | son/ daughter of   |  |  |  |
|-------------------------|---|--|--|--|--|
|                         | Computerized NIC No   | University Reg. No   |  |  |  |
|                         | Dept. of  | studying in the University   |  |  |  |
| HEC-<br>Archit<br>The a | French Needs Based Scholarship Progratecture) for c   | ected by Higher Education Commission for the award of scholarship under m in the field of study (Social Sciences, Business Administration and completion of (M.A / M.Sc., BBA/MBA)academic program. e award of the scholarship on the terms and conditions governing the |  |  |  |
| Now t                   | this deed witnesses as under:   |  |  |  |  |
| i)                      | The payment of allowances admissible  | e under the scholarship program shall be made subject to the complete<br>governing the scholarship program as well as satisfactory performance in  |  |  |  |
| ii)                     | The student shall not change the specified course of studies nor register himself/herself for any other course of program/University/Institute without prior approval of the HEC.   |  |  |  |  |
| iii)                    | The student shall not extend the specified period of studies without prior approval of the HEC. In case of selection at any other scholarship scheme the student will immediately report the same at the university.        |  |  |  |  |
| iv)                     | In case the scholar fails to qualify the course/degree for which he/she was awarded scholarship, the HEC reserves the right to recover all the payment received and or a penalty equal to total scholarship amount from the |  |  |  |  |
| v)                      | Scholars/Guarantor/University.  The Parents/ Guardian of the student are unable to financially support his/her education.   |  |  |  |  |
| vi)                     | The Scholarship will be terminable in the following cases:  |  |  |  |  |
|                         | a) If the student fails to maintain   |  |  |  |  |
|                         | b) If the student is involved in ma   |  |  |  |  |
|                         | c) If the student fails to obey or a to action under the acts/rules in  | act in accordance with HEC's order directing him/her, he/she will be liable  |  |  |  |
|                         | d) If the student is punished beconstitute property, misbehaviou  | cause of his involvement in violation of the university rules, damage to ir with staff or colleagues or any other disciplinary action.   |  |  |  |
|                         | ·   | by the student is found incorrect at any time during his study period.   |  |  |  |
|                         | g) If the student fails to maintain   | academic standards of the university   |  |  |  |
| the rule                | es / terms and conditions those governing sed period, the student shall be bound to o   | , that in case of breach of any of the above terms and conditions as well as scholarship award and / or his / her failure as directed by the HEC for the bey the orders as prescribed and assessed by the HEC shall be final and   |  |  |  |
| IN W                    | ITNESS WHEROF, the parties aforemention   | oned have signed this deed in token of acceptance thereof.   |  |  |  |
| Date:                   |   | Date:  |  |  |  |
|                         | uture of Student  | Signature of Parent /Guarantor   |  |  |  |
| Name                    |   | Name:  |  |  |  |
| NIC N                   | No.   | NIC No.  |  |  |  |
| Signat<br>Name          | ture of Witness No. 1   | Signature of Witness No. 2Name:  |  |  |  |
| ranic                   | ··  | rame.  |  |  |  |

NIC No.

NIC No.