Name of the University: _____

Degree Title / Program: _____

1. **Applicant's Name:** _____ Gender: Male ☐ Female ☐
2. Applicant NADRA NIC No. ☐☐☐☐☐-☐☐☐☐☐☐☐-☐☐
3. Marital Status Single ☐ Married ☐ Divorced ☐
4. Age : _____ Domicile _____
5. Present Address _____
6. Permanent Address: _____
7. Are you currently working : Yes ☐ No ☐
8. If answer is Yes to Section No. 8 complete the sections (9-13)

   Designation: _____Name of Employer /Company: _____
9. Total Monthly Applicant Gross Income in Pak Rs. _____
10. Total Monthly Applicant Take Home Income* in Pak Rs. _____

    * Take Home Income: Salary / Pay available after deduction of taxes, provident fund charges etc.
11. Tel (Res.): _____Mobile: _____Email: _____
12. Total Family Members currently living with you: _____

S #	Name of Family Member (s)	Relationship	Marital Status	Remarks**
1				
2				
3				
4				
5				
6				

13. Details of Family Members Earning *(Take extra sheet if required)*:

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

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

S #	Name	Relation with applicant	Name & Address of Institute	Fee per month
1				
2				
3				
4				
5				
6				
15A	Total Fees & Tuition Charges			

Father's Name: _____ Computerized N.I.C. No _____

17. Status: Alive ☐ Deceased ☐
18. Professional status: Employed ☐ Retired ☐ Business Owner ☐
19. Name of Company/Employer: _____
20. Tel (Off): _____ Mobile: _____
21. Occupation Type: _____ NTN _____
22. Designation & Grade (BPS/ SPS/PTC etc): _____ Gross Monthly Income: _____
23. Total Net Monthly Take Home Income (Salary/ Pension/ Others): _____

Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian):

25. Name: _____ Relationship: _____
26. Occupation and Designation _____
27. Monthly Financial Support Available to Applicant in Pak Rs. _____
28. **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)						
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 (Take home) Pay				
29-A	Total Monthly Income in Pak Rupees				
29-B	Total Annual Income in Pak Rupees				

30.FAMILY EXPENDITURES

30A. Accommodation Expenditures

Type: Bungalow ☐ Apartment /Flat ☐ Town House ☐ Village House ☐

Status: Rented ☐ Self or Family owned ☐ Employer / Govt Owned ☐

Rent Payment: Self ☐ Employer/Govt ☐ Others ☐

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

S #	Accommodation Location /Address	Number Of Bed Rooms	Number Of Air conditioners	Accommodation Monthly Rent	Accommodation Annual Rent
		1-2 ☐ 2-4 ☐ 4-6 ☐ Above 6 ☐	1-2 ☐ 2-4 ☐ 4-6 ☐ Above 6 ☐		
30B	Total Accommodation Rental Expenditure				

Any other house/flat owned by the Parents/Guardian (if yes please specify with location and size)_____

31. Utilities Expenditures

Last Month Utilities Paid			
Telephone	Electricity	Gas	Water

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

Total Family Expenditures

S #	Education Expenditure	Accommodation Expenditure	Utilities Expenditure	Medical Expenditure	Misc. Expenditure	Total Monthly Expenditure	Total Annual Expenditure
33							

S #	Description	Amounts in Pak Rupees
(Sec.29A)	Total Monthly Income	
(Sec. 33)	Total Monthly Expenditure	
34 (29.A – 33A)	Net Monthly Disposable Income*	

S #	Description	Amounts in Pak Rupees
(Sec.29B)	Total Annual Income	
(Sec. 33)	Total Annual Expenditure	
35 (29.B – 33.B)	Net Annual Disposable Income*	

* 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

Assets (with current market value)

36. Does the family own any Transport? 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.

37. Number of Cattle(s) (with kind) _____

38. Area and location of Land(s)/Plot(s) owned _____

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

39. 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)						
40.	Total						

41. Loan taken for Applicant Education

* Family/ Friend Loan

(Specify details of loan taken and relationship with the relative / friend)

_____

_____

42. Any source of financing other than loan (Please specify)_____

_____

_____

43. How were the admission /first semester charges paid?

_____

_____

44. Applicants educational record:

Level of Study	Name and Location of Institute	Per Month Fee	To- From month/ yr.	Division/ GPA/	%age / CGPA
Bachelors					
Intermediate					
Secondary					

45. **Per month fee/ tuition charges of the institution last attended _____**

46. Have you ever got any other Scholarships: Yes _____No _____

(If yes fill the details of scholarships & attach documentary proof of the scholarships)

S #	Name of Institute	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class / Level at which Scholarship was granted
1					
2					

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

Date: Parents / Guardian Signature _____ Applicant Signature: _____

For Official use only

Are the applicant documents in order? ___ Yes ___ No

Application Case Review Dates (i) _____(ii) _____

Additional Remarks

_____ _____ _____

Date Department Name Signature Head of Department / Focal Person

HEC-NEED BASED SCHOLARSHIP 2025-26

Degree and Department:_____

Semester:_____

Student Name: _____

Father Name:_____

Regd. No. _____

CNIC.No._____

E-mail:_____

Contact No._____

Address:_____

Name of Last Institute:_____

Per Month Fee of LastInstitue:_____

Hostel / DayScholar:_____

Marital Status of Candidate: Single /Married:_____

Father Status: Alive / Deceased:_____

Profession of the Father / Guardian:_____

No. of family members who are not working:_____

No. of family members studying:_____

No. of family members who are not earning:_____

No. of earning hand family members: _____

Father /Guardian (Salary/Pension/Business/Labourer/Shopkeeper:_____

Mother Income per month:_____

Income from Land:_____

Income from any other sources:_____

Total Monthly Income:_____

Total Annual Income:_____

Average per month Gas Bill (put average of last six months):_____

Average per month Electricity Bill (put average of last sixmonths):_____

Average per month Water Bill (put average of last six months):_____

Average per month Telephone Bill (put average of last six months):_____

Total Per Month Utility Bills:_____

Per Month Education Expenditures of the family:_____

Per Month food/Kitchen Expenditures of the family:_____

Per Month Medical Expenditures of the family: _____

Other Misc Expenditures:_____

Total Monthly Expenditure of the family:_____

Total Annual Expenditures of the family:_____

Type of the Vehicle (Car/Motorcycle/others):_____

Make & Model of the Vehicle:_____

Size of House:_____

Market Value of the House:_____

Mentioned the Size of Land/Plot:_____

Market Value of the Land/Plot:_____

Accommodation (Own/Rented):_____

Type of Accommodation (Rural/Urban):_____

Current Bank Balance:_____

Other Misc Assets/Cattle's:_____

HEC NEEDS BASED SCHOLARSHIP APPLICATION FORM 2025-26

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**
- ✓ **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**

Application Form Check List

SN	Description	Tick the relevant
1	Copies of computerized NIC of	
	Father	☐
	Mother	☐
	Guardian and Dependents	☐
2	Salary Certificate of	
	Father	☐
	Mother	☐
	Guardian	☐
3	Copies of last month utility bills	
	Electricity	☐
	Gas	☐
	Telephone	☐
	Water	
4	Attested copy of rent agreement (if applicable)	☐
5	Copies of last & latest fee receipts of self and siblings *	☐
6	Copies of Medical bills/ expenditure related documents (if applicable)	☐
7	Copies of pervious scholarship(s) attained (if applicable)	☐
8	Latest Marks Certificate /Marks Sheet / Transcript	☐
9	University ID Card (copy)	☐
10	Statement of Purpose	☐

*Tick the Section When Completed

I	Section A: Personal and family information	☐
II	Section B: Cumulative information of Self, Parents & Guardian	☐
III	Section C: Financial arrangements for current year	☐
IV	Section D: Educational Record	☐

DO's:

- Submit application form by hand to the Department of Student Affairs /Student Financial Aid Office.
- 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

Declaration

HEC Need Based Scholarship Programme

I _____ S/o / D/o _____ bearing Roll No _____ of _____ year Department of _____ batch _____ solemnly hereby declared that the facts and figures entered in the application form of HEC Need Based Scholarship are correct to the best of my knowledge.

I further state that if there is any variation / changes in the monthly income of father / guardian will be communicated / informed to Department of Student Affairs immediately (for renewal of scholarship). In case the same is not intimated disciplinary action will be initiated accordingly.

_____

Signature of Applicant