



PAKISTAN BAIT-UL-MAL SCHOLARSHIP PROGRAM

Government of Pakistan

APPLICATION FORM FOR UNIVERSITY OF SWAT



1. Name: _____
2. Father / Guardian Name: _____
3. Fill with YES or NO weather father is deceased : _____
4. Gender: _____
5. CNIC NO. _____
6. Domicile: _____
7. Permanent Address: _____
8. Phone No. _____
9. Department and Degree Title / Program: _____
10. Semester: _____
11. University Registration No. _____
12. Father / Guardian Occupation: _____
13. Family total monthly income: _____
14. No. of Household members: _____
15. Are you availing any other scholarship: _____
16. Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative). Write his /her complete details including name and contact: _____
17. Your educational information:

<i>Level of Study</i>	<i>Name of the Institute / School</i>	<i>Year</i>	<i>Marks obtained / Total Marks</i>	<i>Division / Grade / CGPA</i>
SSC				
HSSC				
Bachelors				
Masters				

18. Your utility expenditures: (last six months)

Month	Telephone	Electricity	Gas	Water	Total
May					
June					
July					
August					
September					

19. Total Monthly income: _____ Total Monthly Expenditure: _____



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20. Any source of financing other than this scholarship (Please specify):

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

22. Why you are the most deserving student for the award of this scholarship? Explain your suitability for this scholarship.

_____ (if continues attach extra sheet).

UNDERTAKING

1. The information given in this application is 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 University will stop further assistance and the student will have to refund all payment received and or penalty equal to total scholarship amount.
2. University reserves the right to use information given in this form for verification and other purposes.

Parents / Guardian Signature _____	Applicant Signature _____
Date:	Date:

COMMENTS/REMARKS OF THE CONCERN HEAD OF DEPARTMENT:



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INSTRUCTIONS FOR FILLING THE SCHOLARSHIP APPLICATION FORM:

The committee will determine the need, merit and talent as well as availability of funds. The Selection will be decided provisionally on the basis of information provided in the application form subject to investigations/authentication of the information. Shortlisted students will be interviewed by PBM Scholarship Award Committee. Moreover, students must strictly observe the following instructions:

- ✓ Read the application form carefully before filling.
- ✓ Furnish factual, comprehensive and authentic information in the form.
- ✓ 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 students
- ✓ Submit duly completed application form to you concerned **HEAD OF DEPARTMENT.**

ATTACH THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION FORM:

1. Copy of your all previous results i.e. DMC's / Transcripts.
2. Copy of your fee Challan for the last / current Semester.
3. Copy of your and Guardian CNIC
4. Income and recommendation certificate for suitability of this scholarship from concern Village Council or Salary certificate in case of employed guardians.
5. Electricity Bill for last month.
6. Gas Bill for the last month.
7. Water Bill for the last month.
8. Telephone Bill for the last month.
9. Rent agreement (If applicable).
10. Answer in narrative form for question No. 18, 19 and 20 are compulsory.