



**NEED BASED SCHOLARSHIP PROGRAMME 2018-19**

**Title of Degree / Program:** \_\_\_\_\_

1. **Applicant's Name** \_\_\_\_\_ Gender: Male  Female

2. Applicant CNIC No. 

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3. Marital Status: Single  Married

4. Age : \_\_\_\_\_ Domicile \_\_\_\_\_

5. Present Address \_\_\_\_\_

6. Permanent Address: \_\_\_\_\_

7. Tel (Res.): \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

8. Total Family Members currently you are living with: \_\_\_\_\_

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

9. 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							
<b>10</b>	Total Monthly Family Income (add Self Income, if applicable) Pak Rupees						



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11. Brothers/Sisters/Children/Family Members studying \_\_\_\_\_

S #	Name	Relation with applicant	Name & Address of Institute	Fee per month
1.				
2.				
3.				
4.				

12. **Father's Name:** \_\_\_\_\_ Computerized N.I.C. No \_\_\_\_\_

13. Status: Alive  Deceased

14. Professional status: Employed  Retired  Business Owner

15. Name of Company/Employer \_\_\_\_\_

16. Tel (Off): \_\_\_\_\_ Mobile: \_\_\_\_\_

17. Occupation Type: \_\_\_\_\_ NTN \_\_\_\_\_

18. Designation & Grade ( BPS/ SPS/PTC etc): \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

19. Total Net Monthly Take Home Income (Salary/ Pension/ Others): \_\_\_\_\_

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

21. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

22. Occupation and Designation \_\_\_\_\_

23. Monthly Financial Support Available to Applicant in Pak Rs. \_\_\_\_\_

**24. FAMILY EXPENDITURES**

**24A. 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. \_\_\_\_\_

Sr #	Accommodation Location /Address	Number Of Bed Rooms	Number Of Air conditioners	Accommodation Monthly Rent	Accommodation Annual Rent
		1-2	1-2		
		2-4	2-4		
		4-4	4-6		
		Above 6	Above 6		
<b>24B</b>	Total Accommodation Rental Expenditure				

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



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#### 25. Utilities Expenditures

Last Month Utilities Paid			
Telephone	Electricity	Gas	Water

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

#### 27. Total Family Expenditures

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

S #	Description	Amounts in Pak Rupees
(Sec. 10)	Total Monthly Family Income	
(Sec. 27)	Total Monthly Expenditure	
<b>28</b> (10-27)	Net Monthly 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

#### 29. Loan Taken for Applicant Education

\*Family/Friend Loan (Specify details of loan taken and relationship with the relative / friend)

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30. Any source of financing other than loan (Please specify) \_\_\_\_\_

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

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**Centre of Excellence in Molecular Biology**  
**University of the Punjab, Lahore**

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**32. Applicants educational record:**

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

**33. Per month fee/ tuition charges of the institution last attended** \_\_\_\_\_

**34. 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

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#### **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 institute will stop further assistance and the student will have to refund all payment received and or penalty equal to total scholarship amount.
2. CEMB reserves the right to use information given in this form for verification and other purposes.

Parents / Guardian Signature \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

CNIC \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_



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**For Official use only**

Are the applicant documents in order?  Yes  No

Application Case Review Dates (i) \_\_\_\_\_ (ii) \_\_\_\_\_

Additional Remarks

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Committee Focal Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature HOD