





### Center for Advanced Studies in Food Security-Agriculture University of Agriculture, Faisalabad

### Merit & Needs Based Scholarships 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 and leave space between words
- ✓ 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 at the **CAS-FSA** office, University of Agriculture, Faisalabad (UAF)
- ✓ 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 CAS-FSA office
- ✓ 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"

#### Definitions:

**Family**: Father, mother(s), brother(s), sisters(s), Maternal / Paternal Uncles (s) & Aunts, Grandparents etc. **Pucca House:** A pucca house is one, which has walls and roof made of the following material.

Wall material: Burnt bricks, stones (packed with lime or cement), cement concrete, timber, ekra etc <a href="Roof Material">Roof Material</a>: Tiles, GCI (Galvanised Corrugated Iron) sheets, asbestos cement sheet, RBC, (Reinforced Brick Concrete), RCC (Reinforced Cement Concrete) and timber etc.

**Kutcha House:** The walls and/or roof of which are made of material other than those mentioned above, such as un-burnt bricks, bamboos, mud, grass, reeds, thatch, loosely packed stones, etc. are treated as kutcha house.

<u>Semi -Pucca house</u>: A house that has fixed walls made up of pucca material but roof is made up of the material other than those used for pucca house.

Others: The houses, which are not covered by the types mentioned above, are to be treated as of 'others' type.

### **Application Form Check List**

| SN. | Description                                 | Tick the relevant |
|-----|---|-------------------|
| 1   | Copies of computerized NIC of               |                   |
|     | 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                                       |                   |
|     |   |                   |

| USPCA | S-AFS Need-Based Scholarship APPLICATION FORM   | Page 3 of 14           |
|-------|---|------------------------|
| 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 & two passport size Photographs  |                        |
| * Sib | lings are brother & sisters  Tick the   | Section When Completed |
| I     | Section A: Personal and family information  |                        |
| II    | Section B: Cumulative information of Self, Parents & Guardian Assets  |                        |
| III   | Section C: Financial arrangements for current year  |                        |
| IV    | Section D: Educational Record   |                        |
| DO'   | <ul> <li>Send your application by post or submit by hand at the CAS-FSA office, First F University of Agriculture, Faisalabad.</li> <li>Place documents in right order as per above sections (1 to 10)</li> <li>Put all amounts in Pak Rs.</li> <li>Do consult with parent(s)/guardian(s) for financial data accuracy &amp; reliability</li> <li>For the information not present/relevant write in capital letters N/A</li> </ul> | Tloor, CABB Building,  |

# DO NOT:

- Provide False/vague/ incomplete information.
- Overwrite/ scratch on the form.

Degree Title / Program: \_\_\_\_\_

Affix two

Passport size

Photographs

# ${\bf Center\ for\ Advanced\ Studies\ in\ Food\ Security-Agriculture}$

| Section A:                                |  |                      |                |          |              |            |      |   |  |
|---|--|----------------------|----------------|----------|--------------|------------|------|---|--|
| Applicant Personal and Family Information |  |                      |                |          |              |            |      |   |  |
| 1.  | 1. Applicant's Name: Gender: Male Female                                 |                      |                |          |              |            |      |   |  |
| 2.  | . University Reg. No:  |                      |                |          |              |            |      |   |  |
| 3.  | . Applicant NADRA NIC No.  |                      | -              |          |              |            | -    |   |  |
| 4.  | . Marital Status Single  | Married              | ı              | Divorc   | ed           |            |      |   |  |
| 5.  | . Date of Birth: Age   | :                    | Nation         | nality_  |              |            |      |   |  |
|   | Place of Birth (Name of City,  | Country)             |                |          |              |            |      |   |  |
|   | Domicile(District Name):   |                      |                |          |              |            |      |   |  |
| 6.  | . Present Address  |                      |                |          |              |            |      | _ |  |
| 7.  | . Permanent Address:   |                      |                |          |              |            |      | _ |  |
| 8.  | . Are you currently working: Y   | Yes N                | lo             |          |              |            |      |   |  |
| 9.  | . If answer is Yes to Section No   | . 8 complete the     | sections (9    | -13)     |              |            |      |   |  |
|   | Designation:   | Name o               | f Employer     | /Comj    | pany:        |            |      | _ |  |
| 10  | 0. Previous Employer/Company   | Name (if application | able):         |          |              |            |      |   |  |
| 1   | 1. Total Monthly Applicant Gros  | s Income in Pak      | Rs             |          |              |            |      | _ |  |
| 12  | 2. Total Monthly Applicant Take  | Home Income*         | in Pak Rs.     |          |              |            |      |   |  |
| 1.  | 3. Total Annual Applicant Gross  | Income:              | Applic         | ant NT   | N No         |            |      |   |  |
|   | * Take Home Income: Salary   | Pay available after  | r deduction of | taxes, p | provident fu | nd charges | etc. |   |  |
| 14  | 14. Tel (Res.): Mobile: Email:   |                      |                |          |              |            |      |   |  |
| 1:  | 15. Total Members in the Family:   |                      |                |          |              |            |      |   |  |
| 10  | 16. Total Family Members currently living with you: Total: Male: Female: |                      |                |          |              |            |      |   |  |
| 1′  | 17. Total Number of Brothers/Sisters married Total: Brothers Sisters     |                      |                |          |              |            |      |   |  |
| S #                                       | Name of Family Member (s)  | Relationship         | Marital Sta    | atus     | F            | Remarks*   | *    |   |  |
| 1   |  |                      |                |          |              |            |      |   |  |
| 2   |  |                      |                |          |              |            |      |   |  |

| SPCAS | -AFS Need-Based S                        | cholarship APPLIC             | CATION FORM                         |                       | Page 5 of 14                            |  |  |  |
|-------|--|-------------------------------|-------------------------------------|-----------------------|---|--|--|--|
| 4     |  |                               |                                     |                       |   |  |  |  |
| 5     |  |                               |                                     |                       |   |  |  |  |
| 6     |  |                               |                                     |                       |   |  |  |  |
| 7     |  |                               |                                     |                       |   |  |  |  |
| **    | Remarks: List d                          | own the numbe                 | r of dependents supported by marr   | ied brother(s)/ siste | er(s)                                   |  |  |  |
| 18    | 3. Brothers/Siste                        | ers/Children/Fa               | mily Members studying               |                       |   |  |  |  |
|       |  | Details of Sibl               | ings Studying including the applica | ant own detail        |   |  |  |  |
| S #   | Name                                     | Relation<br>with<br>applicant | Name & Address of Institute         | Fee per month         | Tuition<br>per month<br>(If applicable) |  |  |  |
| 1     |  |                               |                                     |                       |   |  |  |  |
| 2     |  |                               |                                     |                       |   |  |  |  |
| 3     |  |                               |                                     |                       |   |  |  |  |
| 4     |  |                               |                                     |                       |   |  |  |  |
| 5     |  |                               |                                     |                       |   |  |  |  |
| 6     |  |                               |                                     |                       |   |  |  |  |
| 22    | Total Fees & 7                           | Tuition Charges               |                                     |                       |   |  |  |  |
| 19    | ). <mark>Father's Nan</mark>             | ne:                           | Computerized N.I.C. No              | )                     |   |  |  |  |
| 20    | ). Father Status:                        | Alive                         | Deceased ( if decease               | ed please mentione    | d the date of                           |  |  |  |
|       | demise (dd-m                             | m-yy)                         | )                                   |                       |   |  |  |  |
| 21    | . Professional s                         | tatus: Employe                | ed Retired                          |                       |   |  |  |  |
| If    | answer is Empl                           | oyed complete                 | the sections (22-30) else from (27- | -30)                  |   |  |  |  |
| 22    | 2. Name of Com                           | npany/Employe                 | r:                                  |                       |   |  |  |  |
| 23    | 3. Address:                              |                               |                                     |                       |   |  |  |  |
| 24    | l. Tel (Off):                            |                               | Mobile:                             |                       |   |  |  |  |
| 25    | 6. Occupation:                           |                               |                                     |                       |   |  |  |  |
| 26    | 5. Designation &                         | & Grade (BPS/                 | SPS/PTC etc):                       |                       |   |  |  |  |
| 27    | 7. Total Gross M                         | Ionthly Income                | (Salary/ Pension/ Others):          |                       | _                                       |  |  |  |
| 28    | 3. Total Net Mor                         | nthly Take Hon                | ne Income (Salary/ Pension/ Others  | s):                   |   |  |  |  |
| 29    | 29. Previous Occupation (if applicable): |                               |                                     |                       |   |  |  |  |

30. Total Annual Income: \_\_\_\_\_NTN\_\_

|       | AFS Need-Based Scholarship API  |               |               |              | 40.1       |             | Page 6 of 14 |  |  |
|-------|---|---------------|---------------|--------------|------------|-------------|--------------|--|--|
| 31    | 31. Mother's Status: : Alive Deceased (if deceased please mention the date of demise (dd-mm-vv) |               |               |              |            |             |              |  |  |
|       | the date of demise (dd-mm-yy))  |               |               |              |            |             |              |  |  |
|       | 32. Marriage Relationship: Combined Separated/Divorced  |               |               |              |            |             |              |  |  |
|       | 33. Professionals Status: Working Not Working   |               |               |              |            |             |              |  |  |
| An    | Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian) [Add   |               |               |              |            |             |              |  |  |
| Pa    | Page if required]   |               |               |              |            |             |              |  |  |
| 34    | . Name:   |               | ]             | Relationship | :          |             |              |  |  |
| 35    | . Address:  |               |               |              |            |             |              |  |  |
| 36    | . Tel (Off/Res)   | Mob           | ile No        |              | _NIC no.   |             |              |  |  |
| 37    | . Occupation  |               |               |              |            |             |              |  |  |
| 38    | . Designation   |               | _Name of C    | Company/Em   | ployer     |             |              |  |  |
| 39    | . Total Monthly Gross Inco  | me (Salary/   | Pension/ Ot   | hers)        |            |             |              |  |  |
| 40    | . Total Net Monthly Take I  | Home Incom    | e (Salary/ Pe | ension/ Othe | rs):       |             |              |  |  |
| 41    | . Total Net Annual Incom  | e             | 44.           | . Monthly F  | inancial S | Support Ava | ilable from  |  |  |
|       | supporting person to Appl   | licant in Pak | Rs            |              |            |             |              |  |  |
| 45    | Asset Income (on month)   | y 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   |               |               |              |            |             |              |  |  |
| * For | sources with annual incon   | ie returns, k | indly report  | the monthly  | income ea  | l <br>arned |              |  |  |
|       | . Total Earning Members in  |               | • •           | •            |            |             |              |  |  |
|       | . Total No of family memb   | •             |               |              |            |             |              |  |  |
|       |   |               | 8             |              |            |             |              |  |  |
|       |   |               |               |              |            |             |              |  |  |

### 44. Details of Family Members Earning:

| S<br># | Family<br>Member Name | Relationship | Family Member occupation *** | Organization<br>Name | Designation | Monthly Gross Pay/Earning | **Remarks |
|--------|-----------------------|--------------|------------------------------|----------------------|-------------|---------------------------|-----------|
| 1      |                       |              |                              |                      |             |                           |           |
| 2      |                       |              |                              |                      |             |                           |           |
| 3      |                       |              |                              |                      |             |                           |           |
| 4      |                       |              |                              |                      |             |                           |           |
| 44     | Total Monthly Rupees  |              |                              |                      |             |                           |           |

<sup>\*\*</sup> Please mention if the Family member supporting to Family in Remarks Column (Yes/No)

- 1. Government Service (Specify the employment grade BPS/SPS/PTC etc.)
- 2. Private Job
- 3. Agriculture/Farming
- 4. Own Business (Self Employed). Details/nature of self business need to filled in at remarks column
- ${\bf 5.}\quad \hbox{Others. Details/nature of self-business need to filled in at remarks column}$

### 46. Total Family Monthly Income

|      |                          |                 |                | 11.0          |             |
|------|--------------------------|-----------------|----------------|---------------|-------------|
|      |                          |                 | Monthly Income | Monthly Gross | Monthly Net |
| S #  | Family Member Name       | Relationship    | from Assets    | Pay/Earning   | (Take home) |
|      |                          |                 | (Sec. 45)      |               | Pay/Earning |
| 1    |                          |                 |                |               |             |
|      |                          |                 |                |               |             |
| 2    |                          |                 |                |               |             |
|      |                          |                 |                |               |             |
| 3    |                          |                 |                |               |             |
| 4    |                          |                 |                |               |             |
| -    |                          |                 |                |               |             |
| 5    | Applicant Monthly Gross  | Pay/Earning     |                |               |             |
|      | (Sec. 11)                |                 |                |               |             |
| 6    | Applicant Monthly Net (T | Take home)      |                |               |             |
|      | Pay/Earning (Sec. 12)    |                 |                |               |             |
| 46.4 | m . 134                  |                 |                |               |             |
| 46-A | Total Monthly Income     | e in Pak Rupees |                |               |             |
|      | T-4-1 A1 Y               | . D.1. D        |                |               |             |
| 46-B | Total Annual Income      | in Pak Rupees   |                |               |             |
|      |                          |                 |                |               |             |
|      |                          |                 |                |               |             |

<sup>\*\*\*</sup> Family Member Occupation classification

| 4   | 7. Accommodation        | Expenditu    | res ( Ple  | ase Ch    | eck the r   | elevant b     | oxes)        |               |   |  |
|---|-------------------------|--------------|------------|-----------|-------------|---------------|--------------|---------------|---|--|
| Type: Bungalow Apartment /Flat Town House Village House             |                         |              |            |           |             |               |              |               |   |  |
| Structure: Pucca House Kutcha House Semi Pucca House Others (Detail |                         |              |            |           |             |               |              |               |   |  |
|   | available at Page 1 &2) |              |            |           |             |               |              |               |   |  |
|   | Status: Rente           | ed           | Self       | or Fami   | ly owned    | l 🔲 Eı        | mployer / G  | ovt Owned     |   |  |
|   | Rent Paymer             | nt: Self     | ]          | Emplo     | oyer/Gov    | t             |              | Others        |   |  |
|   | Total Size of           | the House ir | ı Sq. ft   |           |             | Cove          | red Area in  | Sq. ft        |   |  |
|   |                         |              |            |           |             |               |              |               |   |  |
| S #   | Accommodation           | Numbe        |            |           | er Of<br>ir |               | nodation     | Accommodation | l |  |
|   | Location /Address       | Bed Ro       | ooms       | condit    | ioners      | Month         | ly Rent      | Annual Rent   |   |  |
|   |                         | 1-2          |            | Nill      |             |               |              |               |   |  |
|   |                         | 2-4          |            | 1-2       |             |               |              |               |   |  |
|   |                         | 4-6          |            | 3-6       |             |               |              |               |   |  |
|   |                         | 6-8          |            | 6-8       |             |               |              |               |   |  |
|   |                         | Above 8      |            | Above 8   |             |               |              |               |   |  |
| 48  | Total Accommodation     | n Rental Exp | enditure   |           |             |               |              |               |   |  |
|   |                         |              |            |           |             |               |              |               |   |  |
| Any   | other house/flat own    | ned by the P | arents/G   | uardian   | (if yes p   | lease spec    | ify with loc | ation and     |   |  |
| Si  | ze)                     |              |            |           |             |               |              |               |   |  |
|   |                         |              |            |           |             |               |              |               |   |  |
| 4   | 9. Utilities Expendi    | itures       |            |           |             |               |              |               |   |  |
|   |                         |              | Last N     | Month Uti | lities Paid |               |              |               |   |  |
|   |                         | Telephone    | Electri    | icity     | Gas         | Wat           | er           |               |   |  |
|   |                         |              |            |           |             |               |              |               |   |  |
|   |                         | Average of   | Last Six l | Months (I | Per Month   | Utilities Cha | arges)       |               |   |  |
|   | S #                     | Telephone    | Electrici  |           | Gas         | Water         | Total        |               |   |  |
|   | 49                      |              |            |           |             |               |              |               |   |  |
|   |                         |              |            |           |             |               |              |               |   |  |
| 5   | 0. Monthly Food /F      | Kitchen Exr  | oenditur   | es        |             |               |              |               |   |  |
|   | 1. Medical Expend       | _            | •          |           | nonths (F   | er Month      | Expenditure  | <u> </u>      |   |  |

## 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 |
|----|-------------|---------------|-------------|-------------|-------------|-------------|---------------|--------------|
| 3  | 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<br>(46.B - 52.B) | Net Annual Disposable Income* |                       |
|                       |                               |                       |

| * If | the monthly / An | nual Dispo | sable Inc | ome is | negative, ki | indly | explain | the reas | sons fo | or the | gap, and |
|------|------------------|------------|-----------|--------|--------------|-------|---------|----------|---------|--------|----------|
| the  | arrangements     | through    | which     | the    | differential | l ga  | ap is   | met      | by      | the    | family   |

|              |  |              | ;         | Section B    | :                  |         |                    |  |                                |
|--------------|--|--------------|-----------|--------------|--------------------|---------|--------------------|--|--------------------------------|
|              | Cun  | nulative inf | ormation  | of Self, Par | ents and Gi        | ıardian | Assets             |  |                                |
|              | Assets (with current 53. Does the family If yes kindly             | own any Tr   | ransport? | Yes          | No                 |         |                    |  |                                |
| S #          | Transport T  |              | Make /M   | odel Engin   | e Capacity (Co     | C) Reg  | istration No.      |  | Ownership<br>Period            |
| 1            |  |              |           |              |                    |         |                    |  |                                |
| 3            |  |              |           |              |                    |         |                    |  |                                |
| 4            |  |              |           |              |                    |         |                    |  |                                |
|              | <ul><li>54. Number of Catt</li><li>55. Area and location</li></ul> |              |           | wned         |                    |         |                    |  |                                |
| Assets Title |  | Qty          | Size      | Locat        | Location (Address) |         | Cultivable<br>Area |  | ricultural<br>ield per<br>Acre |
| Re           | sidential  |              |           |              |                    |         |                    |  |                                |
| Co           | mmercial   |              |           |              |                    |         |                    |  |                                |
| Ag           | ricultural   |              |           |              |                    |         |                    |  |                                |
| En           | nployer/ Govt  |              |           |              |                    |         |                    |  |                                |
| Sc           | heme   |              |           |              |                    |         |                    |  |                                |
| S#           | 56. Assets worth (C  |              |           | n Pak. Rs.)  | a                  | Colf    | Cuandi             |  | Total                          |

| 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             |        |        |        |      |          |       |

| <b>57. Taxes paid</b> (per annum in Pak. Rs) |
|--|
|--|

# Section C: 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                    |        |        |        |      |       |       |

| amily/ Frier<br>ecify relation | nd Loan<br>onship with the rel | ative / friend) |                |                |  |
|--------------------------------|--------------------------------|-----------------|----------------|----------------|--|
|                                |                                |                 |                |                |  |
| <b>59.</b> Any so              | ource of financing             | other than this | scholarship (P | lease specify) |  |
|                                |                                |                 |                |                |  |
| <b>60.</b> How v               | vere the admission             | /first semester | charges paid?  |                |  |
|                                |                                |                 |                |                |  |
|                                |                                |                 |                |                |  |

| Section D:                   |  |
|------------------------------|--|
| Applicant Educational Record |  |

| **  |               |  |                        |                              |                                  |                     |                            |  |
|---|---------------|--|------------------------|------------------------------|----------------------------------|---------------------|----------------------------|--|
| Level   | of Study      | Name of  | f the Institute        | *Address of<br>the Institute | Period(Sta<br>rt & End<br>Date)  | Per<br>Month<br>Fee | Division/<br>GPA/<br>Grade |  |
| Ba  | chelors       |  |                        |                              |                                  |                     |                            |  |
| Inter   | mediate       |  |                        |                              |                                  |                     |                            |  |
| Н   | igher         |  |                        |                              |                                  |                     |                            |  |
| Sec   | ondary        |  |                        |                              |                                  |                     |                            |  |
| Sec   | ondary        |  |                        |                              |                                  |                     |                            |  |
| Pr  | imary         |  |                        |                              |                                  |                     |                            |  |
| * /   | At least the  | name of the  | City is required in    | the field.                   |                                  |                     |                            |  |
| •   | 61. Have y    | ou ever awa  | rded any other so      | holarship before             | e: Yes \( \subseteq \text{No} \) |                     |                            |  |
| (If ye  | s fill the de | etails of scho   | olarships & attach o   | documentary proc             | of of the scholars               | hips)               |                            |  |
| S#  | Name of       | of Institute    Scholarship   Scholarship   Scholarship   Scholarship   Amount   Period   Class / Level at w   Scholarship   Scholarship   granted   Scholarship   Scholar |                        |                              |                                  |                     | larship was                |  |
| 1   |               |  |                        |                              |                                  |                     |                            |  |
| 2   |               |  |                        |                              |                                  |                     |                            |  |
| 3   |               |  |                        |                              |                                  |                     |                            |  |
| Statement of Purpose (Explain your suitability for this scholarship) - attach separate sheet if required  |               |  |                        |                              |                                  |                     |                            |  |
| <ol> <li>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 award of scholarship, the CAS-FSA will stop scholarship and the student will have to refund all payment received and or penalty equal to total scholarship amount.</li> <li>CAS-FSA reserves the right to use information given in this form for verification and other purposes.</li> </ol> |               |  |                        |                              |                                  |                     |                            |  |
|   | AS-FSA rese   | rves the right t   | o use information give |                              | meation and other                | purposes.           |                            |  |
| Date: Date: Date: Date: Applicant Signature Applicant Signature:  |               |  |                        |                              |                                  |                     |                            |  |

# For Official use only

| Are th | Are the applicant documents in order?                            |                                 |                             |         |  |  |  |  |  |  |
|--------|--|---------------------------------|-----------------------------|---------|--|--|--|--|--|--|
| The no | otices furnished   | to the applicant for furnishing | g of required documentation | on      |  |  |  |  |  |  |
| S #    | Notice Date  | Document Name Missing           | Document                    | Remarks |  |  |  |  |  |  |
|        |  |                                 | Submission Date             |         |  |  |  |  |  |  |
| 1      |  |                                 |                             |         |  |  |  |  |  |  |
| 2      |  |                                 |                             |         |  |  |  |  |  |  |
| 3      |  |                                 |                             |         |  |  |  |  |  |  |
|        | Application Case Review Dates (i)(ii)                            |                                 |                             |         |  |  |  |  |  |  |
| Additi | onal Remarks   |                                 |                             |         |  |  |  |  |  |  |
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|        |  |                                 |                             |         |  |  |  |  |  |  |
| Date   | Date Department Name Signature Head of Department / Focal Person |                                 |                             |         |  |  |  |  |  |  |