

## Special Need Based Scholarship Application Form

(to be filled by the applicant or parents/guardian)

**Note:**

Please submit necessary documents to support the information you have provided in the application.

It is applicant's responsibility to provide accurate information about all family income and property/assets owned by the family at the time of application.

Any application can be rejected if the application does not include the information or provide documents necessary to process the case.

| <b>Documents Checklist</b>  |          |
|---|----------|
| Before submitting the application, please ensure that you have attached the following documents:  |          |
| Documents   | Yes / No |
| Copies of Matric and Intermediate results   |          |
| Copies of CNIC/ B – Form of Applicant and Parents/ Guardian   |          |
| Family Registration Certificate (FRC) by NADRA  |          |
| Copy of Father's and/or Mother's Death Certificate (if applicable)  |          |
| Copies of Utility Bills (Electricity, Gas, Water, land line or any other)   |          |
| Source of Income certificate e.g latest salary/pension slip of parent/guardian etc., or any other proof e.g affidavit of income, bank statement of last 6 months, |          |
| Divorce Certificate (if applicable)   |          |
| House rental deed (if applicable)   |          |
| Business property rental deed (e.g shop)  |          |
| Siblings' proof of studentship/fee e.g. results/fee voucher etc (if applicable)   |          |

**Applicant's Information:**

|  |                |  |
|--|----------------|--|
| <b>Name:</b>   | <b>Gender:</b> | <b>CNIC#:</b>  |
| <b>Marks in Matric:</b>                                  |                | <b>Marks in Intermediate</b>                         |
| <b>Father/Guardian Name:</b>                             |                | <b>Father/Guardian CNIC #</b>                        |
| <b>Relationship with Gurdian:</b>                        |                | <b>Applicant Cel#</b><br><b>Father/Guardian Cel#</b> |
| <b>UMT-/Ref #</b>  |                | <b>Program Applied for:</b>                          |
| <b>Residential Address:</b> _____                        |                |  |
| <b>Permanent address (if different from residential)</b> |                |  |
| <b>Email :</b>   |                |  |

### Family Information (Compulsory Information):

**Note:** Fill attentively and provide all the information requested.

|  |
|--|
| Area of house (e.g How many Marlas)?   |
| Rooms in House:  |
| Do you own it independently or it's a rental property, or any other situation? (e.g living with some relative, inherited shared etc) |
| How many dependents are there in your family?: (Details of parents, siblings, other members?)  |
| Who is the earning hand in your family? What is his / her occupation?  |
| Any Additional Information (If you wish to mention):   |

### Family Income and Assets (Compulsory Information):

| Source                               | Monthly Income | Employer(s)/ Details |
|--------------------------------------|----------------|----------------------|
| <b>Father/Guardian</b>               |                |                      |
| <b>Mother/ Brothers/Sisters</b>      |                |                      |
| <b>Any Other Source of Income</b>    |                |                      |
| <b>Rental Property (If Any)</b>      |                |                      |
| <b>Vehicles (If Any)</b>             |                |                      |
| <b>Assets or Investment (If Any)</b> |                |                      |
| <b>Total Monthly Income</b>          |                |                      |

### EXPENSES

| Type  | Monthly Amount/Bill |
|---|---------------------|
| Telephone (Landline)/ Mobiles in family   |                     |
| Electricity/ Gas/ Water   |                     |
| House Rent (if applicable)  |                     |
| Traveling/Petrol etc  |                     |
| Grocery   |                     |
| Monthly Fee of other siblings (if applicable)<br>Details of Sibling 1<br>Details of Sibling 2<br>Details of Sibling 3<br>Details of Sibling 4 |                     |
| Total Expenses Estimated  |                     |

### Applicant Signatures

By signing below, I confirm that:

I have read, understood and accepted the rules governing SPECIAL NEED BASED SCHOLARSHIP PROGRAM which may be changed without any prior intimation. All the information/documents submitted/provided with this application are true.

If information or documents provided by me are found incorrect or fake at any stage, my scholarship will be cancelled and I will refund the scholarship amount availed and UMT has the right for legal actions against me.

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

### For Official Use Only

Decision of scholarship %age \_\_\_\_\_

Signature of approving authority: \_\_\_\_\_