



STUDENT FINANCIAL AID OFFICE

SINDH HEC INDIGENOUS SCHOLARSHIP FOR MS/MBA/M.PHIL/ STUDENTS-2024

SHAHEED BENAZIR BHUTTO UNIVERISTY, SBA

APPLICATION FORM

Degree Program:

1. Details of Applicant

Name:

CNIC #:

Mobile #:

Date of Admission:

Date of Birth:

Department:

E-mail:

Marital Status:

Domicile:

2. Details of Parents/Guardians

Father's/Guardian's Name:

CNIC #:

Monthly Income:

Mother's Name:

Occupation:

Mobile:

CNIC:

3. Employment details of the applicant:

Employer Name:

Occupation:

Full/Part Time:

House/Home Address:

Family details (Numbers only)	Total Family Members	Parents / Guardian	Brothers	Sisters	School Going	Non School Going	College & University Going

4. Detail of Income in Pak. Rupee						
Sources	Applicant	Father	Mother	Brothers	Sisters	Guardian
Salary						
Pension						
Property Rent						
Agriculture						
Business						
Others						
Total Income						

5. Detail of Average Expenditures (Last 3 months)							
Electricity Bills	House Rent	Gas Bills	Tel. Bills	Mobile Cards	Education	Groceries	Transport

6. Academic Qualifications			
Degree	School/College/Institute Name	% / CGPA	Passing Year
Matric/O-Level			
Intermediate / A-level			
Bachelors			
Masters			

Topic for Research:

Your long-term future aspirations:



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Whether granted any scholarship, free ship, financial assistance for the current degree program. If so, give details:

UNDERTAKING BY THE APPLICANT

I, the applicant, hereby undertake that above information is correct to the best of my knowledge. I am fully conversant that false information may lead to disciplinary action against me under SBBU-SBA rules.

Dated:

Signature of Applicant

VERIFICATION OF COURSE SUPERVISOR

The above name student is pursuing MS/M.Phil under my supervision and I am fully satisfied with his performance till date. Later if anything found adverse against him/her the same will be reported to SFAO in writing in due course.

Date:

SIGN. & SEAL OF THE SUPERVISOR

REMARKS OF THE HEAD OF THE DEPARTMENT CONCERNED

The information given by the above-named student is correct and recommended for grant of subject scholarship/financial assistance.

Date:

SIGN. & SEAL OF THE HOD

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. SBBU, SBA/Sindh 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

Signature of Departmental Coordinator

Signature & Seal of Head of Department



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Application Form Check List

SN	Description	Tick the relevant
1.	Two Passport size Photos	<input type="checkbox"/>
2.	Attested photocopy of Admission Letter issued by ASRB-SBBU	<input type="checkbox"/>
3.	Attested photocopy of Synopsis/Topic Approval Letter issued by ASRB-SBBU	<input type="checkbox"/>
4.	Original Salary slip of Father / Guardian if employed in Government / Semi Government/Private Organization <b>or</b> Original Income certificate issued by EDO Revenue of the concerned district in case Father/Guardian is a non-salary person i-e Business man / landlord etc.(Income certificate not older than six (06) months	<input type="checkbox"/>
5.	Domicile certificate (Photocopy)	<input type="checkbox"/>
6.	Copy of Fees Structure	<input type="checkbox"/>
7.	CNIC of student and Father / Guardian (Photocopy)	<input type="checkbox"/>
8.	Student Identity card / Admission letter (Photocopy)	<input type="checkbox"/>
9.	Attested Photocopies of Marks Certificates (Matriculation/O-level, Intermediate/ A-level, Bachelors, Masters/M.Phil	<input type="checkbox"/>
10.	Copies of utility bills i-e Electricity, Sui Gas, Telephone and Water (last paid)	<input type="checkbox"/>
11.	Attested copy of Medical Bills for the last 3 months (if applicable)	<input type="checkbox"/>
12.	Copy of Death Certificate of Father (If applicable)	<input type="checkbox"/>
13.	Copy of Disability Certificate (If applicable)	<input type="checkbox"/>

\*Tick the Section When Completed