



**STUDENT FINANCIAL AID OFFICE
NEED CUM MERIT ZAKAT SCHOLARSHIP
SHAHEED BENAZIR BHUTTO UNIVERSITY, SHAHEED BENZIRABAD**

APPLICATION FORM

Name of Institute/Department: _____ **Degree Program:** _____

Year of Admission/Batch: _____ **Academic Year (Present):** _____ **Roll No:** _____

1. **Applicant's Name:** _____ Gender: Male Female

2. Applicant NADRA
NIC No. - - -

3. Marital Status Single Married Divorced

4. Age: _____ Domicile _____

5. Present Address

6. Permanent Address: _____

7. Are you currently working: Yes No

8. Tel (Res.): **Mobile:** _____ **Email:** _____

9. Total Family Members currently living with you:

Father's Name: _____ Computerized N.I.C. No _____

16. Status: Alive Deceased

17. Tel (Off): _____ Mobile: _____

18. Applicants Previous Educational Record:

Level of Study	Name of Board/University	Total Marks	Marks Obtained	%age	CGPA
Bachelors					
Intermediate					
Secondary					
Masters					

19. Family Members Information

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



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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	Annual Gross Earning
1							
2							
14	Total Monthly Family Income (add self-income, if applicable) Pak Rupees						

20. Brothers/Sisters/Children/Family Members studying _____

S #	Name	Relation with applicant	Name & Address of Institute	Fee per month
1				
2				
3				
15A	Total Fees & Tuition Charges			

Asset Income (on monthly basis)

S #	Income Source	Father	Mother	Spouse	Self	Other	Total
1	Property Rent (Rs.)						
2	Land Lease (Rs.)						
3	Bank Deposits* (Rs.)						
4	Shares / Securities* (Rs.)						
5	Other (Specify) (Rs.)						
28A	Total (Rs.)						

Total Family Monthly Income

S #	Family Member Name	Relationship	Monthly Income from Assets	Monthly Gross Pay/Earning	Monthly Net (Take home) Pay/Earning
1					
2					
5	Total Monthly Income in Pak Rupees				



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FAMILY EXPENDITURES

30A. 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. _____

16. Utilities Expenditures

Last Month Utilities Paid			
Telephone	Electricity	Gas	Water

17. Medical Expenditures: Average of last six months (Per Month Expenditure) _____

Total Family Expenditures

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

15. Assets Details:

Assets Title	Qty	Size	Location (Address)	Cultivable Area	Agricultural Yield per Acre
Residential					
Commercial					
Agricultural					
Employer/Govt Scheme					

16. Assets worth (Current Market Value in Pak. Rs.)

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)						
40.	Total						



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17. Per month fee/ tuition charges of the institution last attended _____

18. 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

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 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 Name	Signature of Departmental Coordinator
Signature Head of Department		



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Application Form Check List

SN	Description (For Fresh Applicants)	Tick the relevant
1.	Two passport size photos	<input type="checkbox"/>
2.	Original Istehqaq Certificate: issued by District Zakat Officer / Chairman.	<input type="checkbox"/>
3.	Original Salary slip of Father / Guardian if employed in Government / Semi Government/Private Organization or 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"/>
4.	Domicile certificate (Photocopy)	<input type="checkbox"/>
5.	CNIC of student and Father / Guardian (Photocopy)	<input type="checkbox"/>
6.	Student Identity card / Admission letter (Photocopy)	<input type="checkbox"/>
7.	Mark sheets of each semester (Photocopy)	<input type="checkbox"/>
8.	Copies of utility bills i-e Electricity, Sui Gas, Telephone and Water (last paid)	<input type="checkbox"/>
9.	Copy of Death Certificate of Father (If applicable)*	<input type="checkbox"/>
10.	Copy of Disability Certificate (If applicable)*	<input type="checkbox"/>

(For Previous Beneficiaries) Not Needed to Submit the Application Form
The previous beneficiaries of the Need-cum-Merit Zakat Scholarship are required to submit the following documents only for **renewal of their cases**.

1.	Two passport size photos	<input type="checkbox"/>
2.	Original Istehqaq Certificate: issued by District Zakat Officer / Chairman.	<input type="checkbox"/>
3.	Original Salary slip of Father / Guardian if employed in Government / Semi Government/Private Organization or 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"/>
4.	CNIC of student and Father / Guardian (Photocopy)	<input type="checkbox"/>
5.	Student Identity card / Admission letter (Photocopy)	<input type="checkbox"/>
6.	Mark sheets of each semester (Photocopy)	<input type="checkbox"/>

*Tick the requirement when completed