



UNIVERSITY OF TURBAT

STUDENT FINANCIAL AID OFFICE

Scholarship Application Form

Form Code: SFAO/EBS/01	Application No.: _____	Date Received: _____
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1. APPLICANT'S PERSONAL INFORMATION

Applicant's Full Name		CNIC / B-Form No.	
Father's Name		Father's CNIC No.	
Registration No.		Gender	Male ☐ Female ☐
Faculty / Department		Program	
CGPA		Domicile District	
Cell No. (Applicant)		Email Address	

Present / Correspondence Address	
Permanent Address	

2. FAMILY & FINANCIAL INFORMATION

Guardian's Name		Relationship with Applicant	
Guardian's Occupation		Guardian's CNIC No.	
Guardian's Monthly Income (PKR)		Guardian's Contact No.	
No. of Dependents on Guardian		No. of Siblings Currently Studying	
Residential Status	Owned ☐ Rented ☐	Residence Type	Kacha ☐ Pakka ☐ Semi-Pakka ☐
Father Status	Alive ☐ Deceased ☐		

3. DOCUMENTS ATTACHED (Checklist for Office Use Only)

☐	Copy of CNIC/ B-Form of the Applicant
☐	Copy of CNIC of Father
☐	Copy of CNIC of Guardian (In case the guardian is different from the father)
☐	Copy of Domicile Certificate
☐	Income Certificate / Salary Slip of Guardian
☐	Any other supporting document (specify): _____

4. DETAILS OF FAMILY MEMBERS

S.No	Name of the Family Member	Relationship With the Applicant	Occupation	Monthly Income

5. DECLARATION

I hereby declare that the information provided above is true and correct to the best of my knowledge. I understand that if any information is found false or concealed at any stage, my application will be rejected and/or the awarded scholarship will be withdrawn, and I may be liable to refund the amount disbursed to me.

Applicant's Signature	Date

6. VERIFIED BY

Signature of the Head of Department	Date