Electronic Society of Altruism and Rehabilitatoin

Bhattoli Bajwat, Sialkot

Contact #: 0331-4100310, 0334-8081081

Note:
1. Only Residential of District Sialkot can apply for scholarship.
2. Incomplete/late received applications will not be entertained.
3. Applicants having 70% marks in Matric and 65% marks in Inter, DAE and above) in their last Board/University Exams will be eligible to apply. However, Minority students having 60% Marks in Matric and subsequent exams will be eligible.
4. Students studying in private lavish institutions will not be entertained.
5. Students getting any financial aid/scholarship from any other organization like PEEF, HEC, NGO etc. will not be eligible to apply.
6. Application Form to be filled in with black pointer. Old Application Form will not be accepted.
7. Before filling the Application form, student must read instruction given on page # 3.

3 Photos Required

Size (2" x 1.5")
(Not Attested)

CATEGORY (✓ Tick the relevant)   Orphan ☐   Disable ☐   Need based ☐   Muslim ☐   Non-Muslim ☐

APPLICANT'S PERSONAL INFORMATION

1. Name: _____ 2. Father's Name_____

3. CNIC No: _____ 4. Date of birth _____ 5. Cell # _____

6. Email: _____ 7. WhatsApp #_____ 8. Contact (PTCL) _____

9. Present Postal Address: _____

10. Permanent Postal Address: _____

ACADEMIC INFORMATION

11. Class _____ 12. Degree (Medical/Engg/Hon etc.) _____ 13. Year/Semester_____

14. Institution_____ 15. Contact No._____

16. Course start date: _____ 17. Course end date: _____ 18. Any distinction _____

19. Semester/Yearly Fee: _____ 20. Hostel Expenses_____

21. Name of Teacher _____ 22. Contact No._____

PREVIOUS EDUCATION RECORD

Degree	Board	Year	Total Marks	Marks Obtained	Percentage
Matriculation					
Intermediate					
Current Degree (Last Sem/Annual Result)					

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FAMILY & FINANCIAL INFORMATION

23. Father's/Guardian's Name:_____ 24. Father's CNIC No: _____

25. Cell # (1) _____ (2) _____ 26. Monthly Income: _____

27. Father's/Guardian's professional status: Govt. Employee [ ]   Private Employee [ ]

    Self-Business [ ]   Retired [ ]   Abroad [ ]   Un-Employed [ ]   Disabled [ ]

28. If Father/Mother/Guardian/Brothers/Sisters are serving, then give details:

    Name _____ Relation _____ Cell #: _____

    a. Name of Department /Company/Employer: _____

    b. Address: _____Tel (Off): _____

    Cell #: (Employer)_____ _____Designation & Grade _____ Monthly Salary_____

    (Attach the relevant Proof i.e. pay slip, copy of pension book etc.)

29. If Father /Brothers are shopkeepers give detail of Shop (Nature /Volume/Location of Shop) _____
    _____Total monthly income Rs: _____

30. Total Members in the Family: [   ]   (Applicant, his parents, brothers and sisters will be considered as family)

31. Details of Siblings Studying including the applicant's own detail

Sr. #	Name	Gender	Class/Course	Semeste	Educational Institute with Address	Type of Institute (Govt./Private)	Annual/ Semester Fee
1							
2							
3							
4							
5							
Total Fee Amount (All Siblings)							

(In case you have more details to enter; please use extra page)

32. Details of any other supporting person who is giving you a helping hand in your education.

    Name: _____ Relation _____ Cell # _____ Amount being paid_____

33. If you or any other sibling is getting financial support from Alfalah or any other Government or Non-government organization give its details

    Name of Beneficiary: _____ Organization _____ Amount of Stipend _____

REFERENCES

34. Provide details of two persons as references to certify your given details. The said persons should be educated and they should be well aware of your family circumstances

1. Name: ---	**2.** Name: ---
Profession/Occupation: --------------------------------	Profession/Occupation: --------------------------------
CNIC # ---	CNIC # ---
Cell # ---	Cell # ---

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CERTIFICATION

35. Certification by the student and his/her father/guardian

It is certified that all particulars given above are correct.

Student's Signature _____ Father's/Guardian's Signature _____

36. Certification by the Head of Institution

It is certified that above named applicant is a Bonafide student of this institution. He/She is not getting scholarship from any other organization/department and recommended for grant of scholarship being a deserving one.

Name _____

Designation _____

Signature _____

Date: _____

Office Stamp (Must be Readable)

INSTRUCTION FOR STUDENTS

یہ صفحہ طلبہ کی رابنمائی کے لیے ہے)

This page is for the guidance of applicants.

Attested documents to be attached

1. Photocopy of Self's CNIC.
2. Photocopy of Father's/Guardian's CNIC.
3. 3 Recent Photographs.
4. Photocopy of current Electricity Bill.
5. Photocopy of Father/Mother/Brother/Sister's Pension Book/Salary Slip (where applicable).
6. Photocopy of all previous academic certificates/degrees.
7. Photocopy of fee slip (Current Semester/year)