

Government of Pakistan Ministry of Federal Education and Professional Training

NATIONAL ENDOWMENT SCHOLARSHIPS FOR TALENT (NEST)





APPLICATION FORM for BSN - NURSING SCHOLARSHIP PROGRAM

Eligibility Criteria for this Program:

- The applicant must be a Pakistani National
- Students must secure admission in the approved Nursing program at the participating institution as per admission policy of the institution and be enrolled in BSN Gen.

PICTURE

 The eligibility of a cand the financial backgrour 	idate is linked to neediness of the candidate as determined by	PICTURE			
<u> </u>	atus of the following criteria	True/False			
Pakistani/AJK National		11 0.0, 1 0.00			
<u>'</u>	other educational scholarship during the current academic year				
	WHICH YOU HAVE TAKEN ADMISSION:				
1. Name of Institute					
2. Admission Time	Year 2 0 2 _ SESSION _ Spring _ Fall				
PERSONAL INFORMATION:					
3. Gender	Male Female				
4. Applicant's Name					
5. Father's/Guardian Name					
6. Applicant CNIC	- Expiry Date D D M	MYYYY			
7. Mobile No					
8. Phone					
9. Email Address					
10. Domicile Province (Tick)	Punjab, Sindh (Rural), Sindh (Urban), KP, Balochistan, AJK, FAT Baltistan, ICT	「A, ☐ Gilgit-			
11. Applicant Marital Status	Single Married Divorced				
12. Student Religion	☐ Islam ☐ Christen ☐ Hindu ☐ Other				
13. Applicant Date of Birth	D D M M Y Y	Υ			
14. Domicile District		'			
15. Disable	☐ Yes ☐ No				
16. If Disable, Define Type					
17. Total Family Income	(Pak Rupees)				
18. Orphan	Orphan Type Single Mother No Parents				
19. Divorced Parents	☐ Yes ☐ No				
20. Separated Parents	Yes No				
21. Father	Alive Deceased				
22. Hostel Facility Availing?	Yes No if YES then what is the Hostel Name				
	and Hostel Address				
	Hostel Warden Phone				
23. Father/Guardian CNIC	- Expiry Date D D M	MYYYY			
24. Father Profession (Tick)	Employed Unemployed Business Owner				
25. Are you working (Tick)	YES NO if YES then what is your Monthly Income? (Rupees)				
CONTACT INFORMATION:					
26. Present Address					
27. Permanent Address					
L	I				

FA	MILY INFORMATION									
28.	Total Family Members									
	currently living with you				T			ı		1
29.	Details of Family Members Earning									
	Laitiiig									
		c	Family			Family	Member	Month	l.,	
		S #	Member Na	ama		Occupa		Gross	ıy	
		Π	IVICITIDEI IV		Relationship	(Specif		Pay/Ea	rning	
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		1								
		2								
		3								
		4								
						TOTA	L INCOME			
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30.	Brothers/Sisters studying*			Relation			.			
		S #	Name	With		Addres	s of Institu	ite	Fee per	month
		1		Applicant						
		1								
		2							 	
		3								
		4								
		5								
									1	
		6								
			T	T '11'					 	
			Total Fees &	luition						
31	Any Other Supporting Person		Charges							
51.	(Mother/ Guardian/ Brother/	1. Nar	ne:							
	Sister/Family	1. Name:								
	Relative/Guardian)	2. Relationship:								
	(If Applicable)	3. Occupation and Designation								
		4 14-		-1 C	+ A: - - - +- A		+ : D-I- D-			
		4. Monthly Financial Support Available to Applicant in Pak Rs.					•			
32.	What type of Transport your	tractor, rickshaw, bi-cycle, motorcycle rickshaw, carriage pick,								
	family own? (Tick)	truck, ar Motor Cycle								
33.	Applicants educational record*					Per				
		Level	of Name ar	nd Locatio	n of	Month	To -	From	Total	Marks
		Study	Institute			Fee	Yea	r	Marks	Obtained
		Matri	С							ļ
		ΓΛ / Γ	50							
		FA /F	JC							

34.	Per month fee/ tuition charges of the institution last	
	attended*	
35.	How were the admission / Fee charges paid*?	Scholarship, Own Resources, Loan, Relative Support
36.	Have you ever got any other Scholarships previously*(Enter Type: Need base, Academic base, Both Type of Scholarship, No Scholarship):	
37.	Are you currently availing any other scholarship? (Enter Name of Scholarship)*:	
38.	Statement of Purpose* (Explain your suitability for this scholarship) -	

UNDERTAKING BY THE APPLICANT:

- 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. Institute reserves the right to use information given in this form for verification and other purposes.
- 3. Institute reserve the right to reject or cancel any application(s) which it deems to be unsuitable for the scholarship programs. The rejection or selection decision cannot be challenged in any court of Law / Authority

	Applicants Signature
TO BE SIGNED BY THE INSTITUTE FOCAL PERSON OR	HEAD OF DEPARTMENT
This is to be verified that the student has secured admission and eligible to	apply for the NEST scholarship.
Focal Person Signature	
Head of Department Signature	