

APPLICATION FORM – MSN NURSING SCHOLARSHIP PROGRAM – FY 2021

Eligibility Criteria for this Program:

1. The applicant must be a Pakistani National.
2. Students must secure admission in the approved Nursing program at the participating institution as per admission policy of the institution and be enrolled in MSN program.
3. The eligibility of a candidate is linked to neediness of the candidate as determined by the financial background of his/her family.
4. Not availing any other educational scholarship during the current academic year.

PICTURE

Please give True or False status of the following criteria

True/False

Pakistani/AJK National

Applicant NOT availing any other educational scholarship during the current academic year

INSTITUTE INFORMATION IN WHICH YOU HAVE TAKEN ADMISSION:

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|---|---|-------------|---|---|---|---|---|---|---|---|
| 5. Name of Institute admission taken: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Address of the Institute | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Discipline / Subject | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL INFORMATION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Applicant's Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Applicant CNIC | | | | | | | | | | | - | | | | | | | | | | | - | Expiry Date | D | D | M | M | Y | Y | Y | Y |
| 10. Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Applicant Marital Status | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Applicant Date of Birth | D | | | | | | | | | | M | | | | | | | | | | Y | | | | | | | | | | |
| 13. Domicile Province (Tick) | <input type="checkbox"/> Punjab, <input type="checkbox"/> Sindh (Rural), <input type="checkbox"/> Sindh (Urban), <input type="checkbox"/> KP, <input type="checkbox"/> Baluchistan, <input type="checkbox"/> AJK, <input type="checkbox"/> FATA, <input type="checkbox"/> Gilgit-Baltistan, <input type="checkbox"/> ICT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Domicile District | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Father's/Guardian Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Father/Guardian CNIC | | | | | | | | | | | - | | | | | | | | | | | - | Expiry Date | D | D | M | M | Y | Y | Y | Y |
| 17. Father | Alive / Deceased | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Father Profession (Tick) | <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Business Owner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. Phone | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. Mobile No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. Are you working (Tick) | <input type="checkbox"/> YES <input type="checkbox"/> NO if YES then what is your Monthly Income? (Rupees) _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. Email Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTACT INFORMATION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. Present Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. Permanent Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Institute Focal Person Signature

Applicant Signature

FAMILY INFORMATION

| | | | | | | | |
|--|---|--------------------------------|-------------------------|------------------------------------|---------------------------|----------------|--|
| 25. Total Family Members currently living with you | | | | | | | |
| 26. Details of Family Members Earning | | | | | | | |
| | S # | Family Member Name | Relationship | Family Member Occupation (Specify) | Monthly Gross Pay/Earning | | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 3 | | | | | | |
| | 4 | | | | | | |
| | TOTAL INCOME | | | | | | |
| 27. Brothers/Sisters studying* | | | | | | | |
| | S # | Name | Relation With Applicant | Name & Address of Institute | Fee per month | | |
| | 1 | | | | | | |
| | 2 | | | | | | |
| | 3 | | | | | | |
| | 4 | | | | | | |
| | 5 | | | | | | |
| | 6 | | | | | | |
| | Total Fees & Tuition Charges | | | | | | |
| 28. Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian) (If Applicable) | 1. Name: _____ 2. Relationship: _____ 3. Occupation and Designation _____ 4. Monthly Financial Support Available to Applicant in Pak Rs. _____ | | | | | | |
| 29. What type of Transport your family own? (Tick) | <input type="checkbox"/> tractor, <input type="checkbox"/> rickshaw, <input type="checkbox"/> bi-cycle, <input type="checkbox"/> motorcycle rickshaw, <input type="checkbox"/> carriage pick, <input type="checkbox"/> truck, <input type="checkbox"/> car <input type="checkbox"/> Motor Cycle | | | | | | |
| 30. Applicants educational record* | | | | | | | |
| | Level of Study | Name and Location of Institute | Per Month Fee | To - From Year | Total Marks | Marks Obtained | |
| | Matric | | | | | | |
| | FA /FSc | | | | | | |
| | BSN (4Y) | | | | | | |

Institute Focal Person Signature

Applicant Signature

| | |
|---|--|
| 31. Per month fee/ tuition charges of the institution last attended* | |
| 32. How were the admission / Fee charges paid*? | Scholarship, Own Resources, Loan, Relative Support |
| 33. Have you ever got any other Scholarships previously*(Enter Type: Need base, Academic base, Both Type of Scholarship, No Scholarship): | |
| 34. Are you currently availing any other scholarship? (Enter Name of Scholarship)*: | |
| 35. Statement of Purpose* (Explain your suitability for this scholarship) - | |
| 36. Hostel Facility Availing? | <input type="checkbox"/> YES <input type="checkbox"/> NO if YES then what is the Hostel Name _____ and Hostel Address _____ _____ Hostel Warden Phone _____ |

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.

_____ Applicant Signature

----- TO BE SIGNED BY THE FOCAL PERSON OR HEAD OF DEPARTMENT -----

This is to be verified that the student has secured admission and eligible to apply for the scholarship.

Focal Person Signature

Head of Department Signature