



APPLICATION FORM for MSN - 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.
- The eligibility of a candidate is linked to neediness of the candidate as determined by the financial background of his/her family
- 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:

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 M Y Y Y Y

7. Mobile No

8. Phone

9. Email Address

10. Domicile Province (Tick) ☐ Punjab, ☐ Sindh (Rural), ☐ Sindh (Urban), ☐ KP, ☐ Balochistan, ☐ AJK, ☐ FATA, ☐ Gilgit-Baltistan, ☐ ICT

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 Y Y

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 M Y Y Y Y

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

Institute Focal Person Signature

Applicant Signature

FAMILY INFORMATION							
28. Total Family Members currently living with you							
29. Details of Family Members Earning	S #	Family Member Name	Relationship	Family Member Occupation (Specify)	Monthly Gross Pay/Earning		
	1						
	2						
	3						
	4						
	TOTAL INCOME						
30. 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						
31. 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. _____						
32. 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						
33. 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

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