



MEHRAN UNIVERSITY OF ENGINEERING & TECHNOLOGY JAMSHORO
STUDENT FINANCIAL AID OFFICE, (SFAO)

Financial Assistance Application Form

PAKISTAN BAIT-UL-MAL FINANCIAL ASSISTANCE
2015-16

APPLICATION FORM CHECK LIST

SN	Description	Tick the relevant
1	Copies of computerized NIC of Candidate Father Guardian	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2	Income Certificate (not older then 6 months). Father Guardian	<input type="checkbox"/> <input type="checkbox"/>
3	Salary Certificate of Father Guardian	<input type="checkbox"/> <input type="checkbox"/>
4	Copies of last three (03) months utility bills Electricity Gas Telephone	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
5	Attested copy of rent agreement (if applicable)	<input type="checkbox"/>
6	Copies of Medical bills/ expenditure related documents (if applicable)	<input type="checkbox"/>
7	Statement of Purpose	<input type="checkbox"/>

DO's:

- Send your application through the Chairman of the department to the Student Financial Aid Office, (SFAO).
- Place documents in right order as per above sections (1 to 7).
- Put all amounts in Pak Rs.
- Do consult with parent(s)/guardian(s) for financial data accuracy & reliability.
- For the information not present/relevant write in capital letters N/A.

DO NOT:

- Provide False/vague/ incomplete information.
- Overwrite/ scratch on the form.
- Send scholarship application form directly to SFAO.

Name of the Department: _____

Section A:
Applicant's Personal and Family Information

1. Applicant's Name: _____ Gender: Male Female
2. Roll No.

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3. Marital Status Single Married Divorced
4. Present Address _____
5. Permanent Address: _____
6. Tel (Res.): _____ Mobile: _____ Email: _____
7. Father's Name: _____ Surname _____
8. Status: Alive Deceased
9. Professional status: Employed Retired Business Owner
10. Name and address of Company/Employer: _____ Tel (Off): _____
11. Occupation Type: _____ Designation & Grade (BPS/ SPS/PTC etc.): _____
12. Monthly Income (Salary/ Pension/ Others): _____ Total Annual Income: _____

Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian):

13. Name: _____ Relationship: _____
14. Occupation Type: _____ Designation & Grade (BPS/ SPS/PTC etc.): _____
15. Monthly Income (Salary/ Pension/ Others): _____ Total Annual Income: _____
16. Total Members in the Family: _____ Total Family Members currently living with you: _____
17. Brothers/Sisters/Family Members studying _____ Total Earning Members in family: _____
18. Details of Family Members Earning:

S #	Family Member Name	Relationship	Occupation	Organization Name	Designation	Monthly Gross Pay/Earning	Remarks
1							
2							
3							
Total Monthly Family Income (add self income, if applicable) Pak Rupees							

19. Asset Income (on monthly basis)

S #	Income Source	Father	Mother	Spouse	Self	Other	Total
1	Property Rent						
2	Land Lease						
3	Bank Deposits*						
5	Other (Specify)						
Total							

20. Total Family Monthly Income

S #	Family Member Name	Relationship	Monthly Income from Assets	Monthly Gross Pay/Earning	Monthly Net (Take home) Pay/Earning
1					
2					
3					
4					
Total Monthly Income in Pak Rupees					

21. Accommodation Expenditures

Type: Bungalow Apartment /Flat Town House Village House
Status: Rented Self or Family owned Employer / Govt Owned
Rent Payment: Self Employer/Govt Others

22. Utilities Expenditures

Last Month Utilities Paid			
Telephone:	Electricity:	Gas:	Water:

Average of Last three Months (Per Month Utilities Charges)				
Telephone:	Electricity:	Gas:	Water:	Total:

23. Total Family Expenditures

Education Expenditure	Accommodation Expenditure	Utilities Expenditure	Food Expenditure	Medical Expenditure	Total Monthly Expenditure	Total Annual Expenditure

Monthly Description	Amounts in Pak Rupees
Total Monthly Income	
Total Monthly Expenditure	
Net Monthly Disposable Income*	
Annual Description	Amounts in Pak Rupees
Total Annual Income	
Total Annual Expenditure	
Net Annual Disposable Income*	

* If the monthly / Annual Disposable Income is negative, kindly explain the reasons for the gap, and the arrangements through which the differential gap is met by the family

Section B:
Cumulative information of Self, Parents and Guardian Assets

Assets (with current market value)

24. Does the family own any Transport? Yes No

If yes kindly fill the relevant details

S #	Transport Type (Car/ Motor cycle/ Others*)	Make /Model	Engine Capacity (CC)	Registration No.	Ownership Period
1					
2					
3					
4					

- Others: include tractor, rickshaw, bi-cycle, motorcycle rickshaw, carriage pick, truck etc.

25. Number of Cattle(s) (with kind) _____

26. Area and location of Land(s)/Plot(s) owned _____

Assets Title	Size	Location (Address)	Cultivable Area	Agricultural Yield per Acre
Residential				
Commercial				
Agricultural				
Employer/ Govt Scheme				

Section C:
Applicant Educational Record

Level of Study	Name of the Department	Roll No.	To- From month/ yr.	Grade	%age
1st Year					
2nd Year					
3rd Year					

27. Have you ever been awarded any other scholarship before: Yes No

(If yes fill the details of scholarships & attach documentary proof of the scholarships)

S #	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class / Level at which Scholarship was granted

28. How were the annual admission charges paid?

Statement of Purpose (Explain your suitability for this scholarship) - attach separate sheet if required

UNDERTAKING

1. I/we hereby undertake that the information given in this application form is true and correct to the best of my/our knowledge and belief.
2. I/we further understand that my/our any incorrect or false information given by me/us will result in the cancellation of this application form.
3. In case, any information in this application form is found incorrect or false after grant of Financial Assistance, the University reserves the right to stop further assistance forthwith and I/we will have to refund entire amount of the Financial Assistance received so far.
4. In addition to the refundable amount I/we shall be bound to pay the penalty imposed by the competent authority

The University reserves the right to use information given in this form for verification and other purposes.

Parents / Guardian Signature _____ Applicant Signature: _____

For Concerned Teaching Department use only

The applicant's application form is complete in all respects and forwarded for further considerations.

Coordinator of the Department

Date

Department Name

Signature Head of Department