Chinese Ambassador Scholarship Program-2026 for Needy students

Scholarship is based on assessment of need and merit as well as availability of funds. Selection will be decided on the basis of information provided in this form and investigations for the authentication of provided information. Candidate may be required to appear for interview (s).

PROVIDING FALSE INFORMATION
Providing false information may result in one or all of the following:

- Cancellation of admission.
- Rustication from the university.
- Initiation of criminal proceedings.
- Disqualification for award of any future scholarship.
- Refund of all the payment received and or a penalty equal to total scholarship amount.

INSTRUCTIONS FOR FILLING OUT THE SCHOLARSHIP APPLICATION FORM:

- Fill in the form using black ball point pen and write in capital letters and leave space between words
- Read the application form carefully.
- Complete the form and make sure everything is correct and final
- Submit duly completed application form along with all requisite documents to the focal person
- Furnish factual, comprehensive and authentic information in the form
- For family financial reporting parents/guardian may be consulted for guidance
- Whenever in doubt or lost, seek help from the Focal Person
- Keep a photocopy of the filled-in original application form for your record
- Ensure that you have attached all the required documents by putting a tick mark in checklist
- Answer all questions. Those not applicable should be marked “N/A”

Application Form Check List

SN	Description	Tick the relevant
1	Copies of computerized NIC of Father Mother Guardian	
2	Salary Certificate / Income Certificate of Father Mother Guardian	
3	Copies of last month utility bills Electricity Gas Telephone Water	
4	Attested copy of rent agreement (if applicable)	
5	Copies of all paid fee receipts of self and siblings *	
6	Copies of Medical bills/ expenditure related documents (if applicable)	
7	Copies of pervious scholarship(s) attained (if applicable)	
8	Statement of Purpose	
9	Copy of Registration Card / University Student ID Card	
10	Two passport size Photographs	

SBK WOMEN'S UNIVERSITY BALOCHISTAN

ISO 9001-2015 Certified

SAY NO TO CORRUPTION

Financial Aid Office

Application Form for Chinese Ambassador Scholarship Program-2026 for Needy students

Degree Title / Program: _____ Session: _____ Current Semester: _____

Applicant Personal Information

1. **Name of Applicant: _____D/o_____**
2. University Reg. No: _____
3. Applicant NADRA NIC No._____
4. Marital Status Single Married Divorced: _____
5. Date of Birth: _____ Age : _____ Nationality_____
6. Local / Domicile (District Name):_____
7. Present Address _____
8. Permanent Address: _____
9. Tel (Res.): _____Mobile: _____Email: _____

Applicant Family Information

10. Total Members in the Family: _____
11. Total Family Members currently living with you: Total: ____ Male:____ Female:_____
12. Total Number of Brothers/Sisters married Total: _____Brothers_____ Sisters_____
13. Brothers/Sisters/Children/Family Members studying _____
14. Father Computerized N.I.C. No _____
15. Father Status: Alive Deceased (if deceased please mentioned the date of demise (dd-mm-yy) _____)
16. Father / Guardian Professional status: Employed / Retired/ Self: _____
17. Name of Company/Employer: _____
18. Address: _____
19. Tel (Off): _____ Mobile: _____
20. Occupation: _____
21. Designation & Grade (BPS/ SPS etc): _____
22. Total Gross Monthly Income (Salary/ Pension/ Others): _____
23. Total Net Monthly Take Home Income (Salary/ Pension/ Others): _____
24. Total Annual Income: _____
25. Total Earning Members in Family: _____
26. Total No of family members not earning _____
27. Total Monthly Income in Pak Rupees

Utilities Expenditures

Last Month Utilities Paid Electricity_____ Gas _____ Water_____ Telephone _____

Monthly Food /Kitchen Expenditures _____

Medical Expenditures: Average of last six months (Per Month Expenditure) _____

Last fee paid of _____Semester **Due Semester(s) Fee** _____

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

_____

_____

_____

1. The information given in this application is 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. SBK reserves the right to use information given in this form for verification and other purposes.

Date: _____

Parents / Guardian Signature _____ **Applicant Signature:** _____

Concerned HoD Signature:_____