

Financial Aid Office

Chinese Ambassador Scholarship Program 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"





Financial Aid Office

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	of
3	Copies of last six (06) month utility bill Electricity Gas Telephone Water	S
4	Attested copy of rent agreement (if appl	icable)
5	Copies of all paid fee receipts of self an	d siblings *
6	Copies of Medical bills/ expenditure rel	ated documents (if applicable)
7	Copies of pervious scholarship(s) attain	ed (if applicable)
8	Statement of Purpose & two passport si	ze Photographs
9	Copy of Registration Card / University	ID Card





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Application Form for Chinese Ambassador Scholarship Program-2025 for Needy students Degree Title / Program: ______ Session: _____ Current Semester: _____

		Applicant I	Personal In	formation				
1. Nam	e of Applicant:							
	ersity Reg. No:							
3. Appl	icant NADRA NIC N	0						
4. Mari	tal Status Single Marr	ied Divorced:						
5. Date	of Birth:	Age :	Nationa	ality				
6. Loca	1 / Domicile (District	Name):						
7. Prese	ent Address							
8. Perm	anent Address:							
9. Tel (nanent Address: Res.):	Mobile: _		Email:				
			Family Inf					
10. Tota	al Members in the Far	nily:						
	al Family Members co							
	al Number of Brother							
	thers/Sisters/Children					_		
14. Fath	ner Computerized N.I	.C. No						
15. Father Status: Alive Deceased (if deceased please mentioned the date of demise (dd-mm-yy)								
)								
	ner / Guardian Profess							
	ne of Company/Empl							
18. Add	dress:							
19. Tel	(Off):		Mobile: _					
	cupation:							
	ignation & Grade (BI							
	al Gross Monthly Inco							
23. Total Net Monthly Take Home Income (Salary/ Pension/ Others):								
24. Total Annual Income:								
25. Tota	al Earning Members i	n Family:						
	al No of family memb							
27. Tota	al Monthly Income in	Pak Rupees						
Utilitie	s Expenditures							
	nth Utilities Paid	Electricity	Gas	Water	Talanhona			
Month	ly Food /Kitchen Ex	penditures						
Medica	al Expenditures: Ave	rage of last six m	nonths (Per Mon	th Expenditure	e)			
Last fe	e paid of	Semester	•					
Statom	ent of Purpose (Expl	ain vour cuitabili	ty for this schol	archin) attack	n canarata chaat i	f required		
Statem	cht of I di post (Expi	am your suitaom	ty for this school	arsinp) - attaci	i separate silect i	required		
1.	The information given in	this application is t	rue to the best of	mv knowledge a	and I understand th	at any incorrect		
	information will result in			-				
	incorrect or false after gra		* *	-				
	to refund all payment rec			· ·				
	SBK reserves the right to				her purposes.			
					h - h			
Date:								
Date: F	Parents / Guardian S	ionsture		Applicant Si	ionature:			