

## **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”

## 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 ID Card	
10	Two passport size Photographs	

**Application Form for Chinese Ambassador Scholarship Program-2025 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** \_\_\_\_\_

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

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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: \_\_\_\_\_

**Date: Parents / Guardian Signature** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

**Concerned HoD Signature:** \_\_\_\_\_