



**CASHT - Center of Advanced Studies
in Health & Technology, Rawalpindi**
(Affiliated with GC University Faisalabad)



APPLICATION FORM FOR NEED-BASED SCHOLARSHIP

Applicant's Personal and Family Information

Applicant's Name: _____

Total Members in Family: _____

Details of Family Members Earning:

Sr.	Family Member Name	Relation with Applicant	Occupation	Organization Name	Designation	Monthly Gross Earning	Remarks
1.							
2.							

Brothers / Sisters / Children / Family Members studying: _____

Details of Siblings studying:

S#	Name	Relation with Applicant	Name & Address of Institute	Fee per Month	Tuition per Month (If applicable)
1.					
2.					
3.					
4.					
Total Fee & Tuition Charges					

Monthly Income:

Property Rent	Land Lease	Bank Deposits	Salaries	Investment's Profit	Total

Total Family Expenditures:

Education Expenditures	Accommodation Expenditures	Utilities Expenditures	Food Expenditures	Medical Expenditures	Misc. Expenditures	Total Monthly Expenditures

Statement of Purpose (Justify why you deserve this Scholarship, Only need is not a qualification):

UNDERTAKING

I declare that,

1. The information provided in this application is true to the best of my knowledge.
2. CASHT reserves the rights to use provided information for verification and other purposes.
3. If any information provided in this application found incorrect or false;
 - a. The institute will revoke further assistance.
 - b. I will have to refund all payment received or penalty equal to total scholarship amount.
 - c. Institute reserves the right to terminate my enrollment at any stage of the degree.

Date: _____

Date: _____

Parent/Guardian Signature _____

Applicant Signature _____

Application Form Check List

Sr. No.	Description	Tick the relevant
1.	Copies of Father's / Guardian's CNIC	<input type="checkbox"/>
2.	Copy of last Income Return of Father / Guardian	<input type="checkbox"/>
3.	Salary Certificate of Father / Guardian	<input type="checkbox"/>
4.	Copies of last month's utility bills (Electricity / Gas / Telephone)	<input type="checkbox"/>
5.	Attested copy of House Rent Agreement (If applicable)	<input type="checkbox"/>

FOR OFFICIAL USE

Financial Assistance Committee Remarks:

Scholarship Details:

Convener Scholarship Committee

Chairperson Scholarship Committee

Finance Officer

Competent Authority