



Hajra & Zaheer Khan Scholarship Application Form

Application Checklist

Sr. No.	Description	Check all applicable boxes
1.	CNIC copies:	
	Mother	<input type="checkbox"/>
	Father	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
	Applicant	<input type="checkbox"/>
2.	Salary certificate:	
	Mother	<input type="checkbox"/>
	Father	<input type="checkbox"/>
	Guardian	<input type="checkbox"/>
	Applicant	<input type="checkbox"/>
3.	Copy of applicant's most recent tuition fee receipt/fee challan	<input type="checkbox"/>
4.	Copy of education certificates:	
	Bachelors	<input type="checkbox"/>
	Intermediate	<input type="checkbox"/>
	Secondary	<input type="checkbox"/>
5.	CV	<input type="checkbox"/>
6.	Select sections when completed:	
	Section A: Applicant information	<input type="checkbox"/>
	Section B: Family information	<input type="checkbox"/>
	Section C: Applicant's educational information	<input type="checkbox"/>
	Section D: Statement of purpose	<input type="checkbox"/>



Application Form

A. Student details:

Name of institution: _____

Degree/Programme: _____

1. Applicant name: _____ Age: _____ Gender: Male/Female/Other

2. CNIC No: _____

3. Mailing address: _____

4. Are you currently working? Yes No

5. If yes to No. 4, complete sections 6—8. If no to No. 4, skip to section 9:

6. Designation: _____ 7. Name of employer: _____

8. Total monthly income (salary after deduction of taxes): PKR _____

9. Tel. (residence): (051) _____ 10. Mobile: (+92) _____

11. Email: _____

12. Total family members currently living with you: _____



13. Details of family members earning:

Sr#	Name	Relationship	Occupation	Employer	Monthly Income

14. Total monthly family income: PKR _____

B. Parents'/Guardian's details:

15. Mother's name: _____ 16. CNIC No: _____

17. Status: Alive Deceased

18. Professional status: Employed Retired Business owner

19. Name of employer/company: _____

20. Tel. (office): (051) _____ 21. Mobile: (+92) _____

22. Father's name: _____ 23. CNIC No: _____

24. Status: Alive Deceased

25. Professional status: Employed Retired Business owner

26. Name of employer/company: _____

27. Tel. (office): (051) _____ 28. Mobile: (+92) _____



C. Applicant's educational record:

Degree	Name of Institute	Graduation year	Division/GPA	% age
Bachelors				
Intermediate				
Secondary				

D. Statement of purpose:

Explain your suitability for a full scholarship:

(250 words max)

Undertaking:

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.



2. I understand that my scholarship will be cancelled if I do not achieve a passing grade.

3. Adabistan reserves the right to use information given in this form for verification purposes.

Parent/Guardian Signature _____ Applicant Signature: _____

Date: _____

For official use only:

Are the applicant documents in order? Yes No

Remarks: _____

Date: _____ Name: _____ Signature: _____