

# **SZABIST Need-Based Scholarship 2026-27 Application Form**

## **Instructions:**

1. In case of a non-applicable field, please write "NA".
2. Provide the required documents, mentioned in Pg. 9, for application processing.
3. You have to fill out the online form as well on <https://forms.gle/8jXrT78aXWiXyTRV8>

Photograph

## **1. CANDIDATE'S/ FAMILY INFORMATION:**

Name:

(First)

(Middle)

(Last)

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ CNIC Number: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Gender: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Residence Phone #: \_\_\_\_\_ Applicant's Mobile #: \_\_\_\_\_ Mobile 2: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_ Alternative Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Alive/Deceased: \_\_\_\_\_

Guardian's Name (if different): \_\_\_\_\_ Relationship with Guardian: \_\_\_\_\_

Father/ Guardian Cell Number: \_\_\_\_\_ Father/ Guardian Email: \_\_\_\_\_

## **CURRENT ACADEMIC INFORMATION:**

SZABIST University Registration Number: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Year/Semester: \_\_\_\_\_

### **Fill in the applicable information**

#### **For Continuing Students**

Semester GPA (Last Semester): \_\_\_\_\_ CGPA: \_\_\_\_\_

#### **For New Students**

Percentage in Intermediate: \_\_\_\_\_

**1.1 Previous Academic Qualifications**

Level of Study	Institutions Name	Major Subjects	From (Year)	To (Year)	Grade/ Division/ CGPA/ Percentage	Type of Financial Assistance/ Scholarship (If Any)	Percentage of financial assistance received	Sponsoring Agency
Masters								
Bachelors								
Intermediate/ A-Levels								
Matriculation/ O-Levels								

**1.2 Particulars of Immediate Family Members \*** (use an extra sheet in case of additional members)

S . N o	Name	Relationship	Age	Mobile	Marital Status	Last Qualification	Occupation	Designation	School/ Institute/ Office/ Business
1									
2									
3									
4									
5									

**2. ANNUAL INCOME**

Description	Father	Mother	Spouse	Self	Sibling 1 Specify:	Sibling 2 Specify:	Other Specify:
Designation							
Occupation							
FBR Taxpayer Status (i.e., Filer or Non-Filer)							
How is Salary Received (i.e., Bank Transfer/ Cheque/Other)							
Income from Occupation							
Annual Deductions							
Annual Net Income							
Income from Pension							
Rental Income							
Income from Profit/ Saving/ Investments							
Other Source of Income (Specify)							
Total Annual Income							
Total Family Annual Income							

**3. ANNUAL EXPENDITURE**

**3.1 Family Education Expenditure** (use an extra sheet in case of additional members)

Name	Relationship	Age	Class/Level	Annual Cost of Education	Other Annual Expenses for Education	Annual Financial Assistance If Any	Source of Financial Assistance If any

**3.2 Utilities Expenditure**

Month	Electricity	Gas	Water	Internet	PTCL	Mobile	Others Specify:	Total
<b>Average Annual Expenditure</b>								

### 3.3 Other Annual Expenses

Legal	Loan Repayment	Donation/ Zakat	Payment of Insurance Premium	Rental
Transportation and Fuel Expenditure	Income/ Property Tax	Medical Expenditure (if any)	Household Expenditure (Ration etc.)	Other Expenditure Specify:

### 3.4 Total Annual Expenses

Education Expenditure (From 3.1)	Utility Expenditure (From 3.2)	Other Expenditure (From 3.3)	Total Expenditure

## 4. INCOME VS EXPENDITURE

<u>Description</u>	<u>Amount (Rs.)</u>	<u>Description</u>	<u>Amount (Rs.)</u>
Total Monthly Income (From 2.0)		Total Annual Income (From 2.0)	
Total Monthly Expenditure (From 3.4)		Total Annual Expenditure (From 3.4)	
Balance		Balance	

4.1 If the net balance is negative, then please state the source that the needs are met from:

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## 5. ASSETS

Item	Quantity	Model	Capacity (Ton, CC, etc.)	Current Value(s)	Registration Number(s)
Air Conditioner					
Car					
Motor Cycle					
Television					
Computer/Laptop					
Other(s) (Specify)					

Assets (in PKR Rs.)	Father	Mother	Spouse	Self	Sibling 1 Specify:	Sibling 2 Specify:	Other Specify:	Total
Business								
Investments								
Saving								
Shares/Securities								
Gold and Silver								
House Rent Advance								
Others Specify:								
Total								

**6. Accommodation/ Property Details**

Asset Title	Exact Location	Area (In <u>Sq. Foot</u> )	Number of Bedrooms	Current Value (Rs.)	Monthly Rent (If Applicable )	Ownership/ Tenant
						Owned by Joint Family, Immediate Family. Rented by Joint Family or Immediate Family, Employer Given or If other please specify
Bungalow						
Apartment						
Land						
Plot						
Commercial property						
Agricultural Land						
House						

**7. LIABILITIES**

Amount Outstanding		Nature of Loan	
Repayment Schedule (Please give full details)		Loan / Debt Maturity Date	
Reason for Obtaining loan / debt		Any Other Liabilities (Specify)	

**8. OTHER INFORMATION**

Have you applied for any other scholarship/loan from the university or other source(s): \_\_\_\_\_

If yes, provide details in the table below

Sponsoring Agency/ Source	Type of Financial Assistance (Loan, Scholarship, etc.)	Is it Confirmed	Estimated Amount	Percentage of Tuition Fees

If No, Why:

\_\_\_\_\_

\_\_\_\_\_

How did you Pay last year's Fees?

Sources	Amount	Is it repayable?

How do you plan to pay fees if your SZABIST Need-Based Scholarship request is not accepted?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Statement of purpose and why should we award you this scholarship. - attach separate sheet if required:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **9. DOCUMENTS TO BE SUBMITTED WITH THE FORM**

### **Copies of the documents mentioned below are mandatory**

- CNIC (in case under 18 years of age b-form):
  - Applicant
  - Parents & Guardian (if different)
  - Siblings
  - Spouse (if available)
  - Reference
- SZABIST University student ID card
- Academic certificates or marksheets of all previous qualifications (matric/ inter/ etc.)
- Latest fee challans/fee concession (scholarship/loan) document(s) of all family members studying
- Fees challan/ voucher/ ledger of previous education and scholarship documents of the applicant
- SZABIST University fee ledger (issued by SZABIST University finance department)
- Salary slip/pension book of all working family members
- In case, any family member is a non-salaried person i.e., businessman/landlord, etc., provide as under;
  - For filer income assessment/return of income duly issued by the income tax department, government of Pakistan
  - For non-filer income certificate issued by the district/ assistant commissioner or mukhtiarkar revenue
- Last six months bank statement of all family members (all bank accounts)
- Latest income tax certificate and return issued by FBR of all family members (if filer)
- Copy of documentation related to all assets
- Documentary evidence of any loans obtained
- Rent agreement/ property papers
- Six photographs of all properties owned and rented (3 from outside and 3 from inside)
- Copies of latest utility bills: electricity, gas, water, telephone, mobile, etc.
- Death certificate (if / whenever applicable) of parents, siblings & spouse (if any)
- Any other document to strengthen the case

**10. TERMS AND CONDITIONS**

The scholarship will be terminated under the following conditions;

1. If the student fails to maintain a minimum CGPA of 2.5.
2. If the student fails to maintain a minimum of 80% attendance in class (Maximum 3 absences for courses of 3-hour duration and maximum 6 absences for courses with 1.5-hour duration)
3. If a student is punished because of his / her involvement in the violation of the institute’s rules, cheating in examination, damage to the institute’s property, misbehavior with staff or students, or any other disciplinary violation.

**11. DECLARATION AND UNDERTAKING**

1. I hereby solemnly declare that the above details provided by me are truthful and accurate to the best of my knowledge and no part of the information is concealed or deliberately left out.
2. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, a complaint to HEC, and cancellation of Scholarship, and asked to immediately refund the scholarship amount if any of the submitted information or supporting documents is found to be false.
3. I also agree to accept the decision of the SZABIST University Award Committee concerning the evaluation of my application for the Scholarship.
4. I allow SZABIST University the right to use the information given in this form for verification and other purposes deemed necessary by SZABIST University.

\_\_\_\_\_

Date
Father/Guardians Signature
Mothers Signature
Applicants Signature

**Reference (Excluding Immediate Family Members): -**

Reference Name \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Address \_\_\_\_\_

Office Address \_\_\_\_\_

Contact Information: Office: \_\_\_\_\_ Cell: \_\_\_\_\_

CNIC#: \_\_\_\_\_ Signature: \_\_\_\_\_