

The University of Lakki Marwat

Application Form for Pakistan Bait-Ul-Mal Scholarship

Deg	ree Title / Pro	gram:														
	1. Applicant'	's Name:							G	ende	r: M	ale		Fen	nale	
	2. CNIC No.		ĺ			<u> </u>								-	Ī	
:	3. Age : 5. Permanent		ile				l									
																_
S #	Name of Far	mily Member (s) R	elationsl	nip	Marit	tal St	atus			Ren	narks	**			
1																٦
2																
3																
4																
5																
6																
(6. Details of Fa	mily Members 1				a sheet	t if re	quire	ed):				1			_
S #	Family Member Name	Relationship	oc	ily Member cupation Specify)	r	Organiz Nam		Г	Design	ation		Month Gros ay/Ear	S	Ren	narks	
1																
2																
3								421 271					5			
4					182											
	Monthly Famil	y Income (add S	Self I	ncome, if	f app	licable	:)	_								

n-		Relation	Institute N	ame and Address	
#	NAME				Fee per Month
1					
2					
3					
4					
5					
6					
	Father's Na		Computer	ized N.I.C. No	
18			d Retired	_	—
18	Name of Con	npany/Employer:		Business Owner 2. Mobile:	
18 11.	Name of Con 1. Tel (Off)	npany/Employer:):			
18 11.	Name of Con 1. Tel (Off) 2. Occupation	npany/Employer:): Type:	N	2. Mobile:	
18 11. 12 13	Name of Con 1. Tel (Off) 2. Occupation 3. Designation	npany/Employer:): Type: & Grade (BPS/	N	2. Mobile: ΓΝGross Monthly	
18 11. 12 13 14	Name of Con 1. Tel (Off) 2. Occupation 3. Designation 4. Total Net M	npany/Employer:): Type: & Grade (BPS/ fonthly Take Hon	NTSPS/PTC etc): ne Income (Salary/ F	2. Mobile: ΓΝGross Monthly	Income:
18 11. 12 13 14 15	Name of Con 1. Tel (Off) 2. Occupation 3. Designation 4. Total Net M 5. Any Other S 6. Name:	npany/Employer:): Type: & Grade (BPS/ fonthly Take Hon	SPS/PTC etc): ne Income (Salary/ F n (Mother/ Guardian	2. Mobile: ΓNGross Monthly Pension/ Others):	Income:ily Relative/Guardian
18 11. 12 13 14 15 16 1	Name of Con 1. Tel (Off) 2. Occupation 3. Designation 4. Total Net M 5. Any Other S 6 Name: 7. Occupation	mpany/Employer: Type: & Grade (BPS/ Sonthly Take Hon Supporting Person and Designation	SPS/PTC etc): ne Income (Salary/ F n (Mother/ Guardian	2. Mobile: FNGross Monthly Pension/ Others): / Brother/ Sister/Fam Relationship:	Income:ily Relative/Guardian
18 11. 12 13 14 15 16 1	Name of Con 1. Tel (Off) 2. Occupation 3. Designation 4. Total Net M 5. Any Other S 6. Name: 7. Occupation 8. Monthly Fin 9. Asset Incon	mpany/Employer: Type: & Grade (BPS/ onthly Take Hone supporting Person and Designation mancial Support A me (on monthly be	SPS/PTC etc): ne Income (Salary/ For the Income (Salary) in (Mother/ Guardian vailable to Applicant to	2. Mobile: FNGross Monthly Pension/ Others): / Brother/ Sister/Fam Relationship:	Income:ily Relative/Guardian

19.	Asset Income (on month)	y basis)					
S1#	Property R Incumbent Source	Father	Mother	Spouse	Self	Other	Total
2	Land Lease						
3	Bank Deposits*						
4	Shares / Securities*						
5	Other (Specify)						
	Total						

20. Total Family Monthly Income

			Monthly Incom	me Monthly Gross	Monthly Net
S #	Family Member Name	Relationship	from Assets	Pay/Earning	(Take home) Pay/Earning
1					
2					
3					
4					
5					
6	Applicant Monthly Gros	ss Pay/Earning			
	Applicant Monthly Net	(Take home) Pay			
20-A	Fotal Monthly Income Total Annual Income	-			
)-B Family Expenditu	res	,		
	Type: Bungalow	Apa	rtment /Flat	Town House	Village House
	Status: Rented	Self	or Family owned	l Emplo	yer / Govt Owned
	Rent Payment: Self		Employer/Gov	t	Others
	House Plot Size in ft.	n Sq. ft		vered Area in Sq.	,
S #	Accommodation	Number Of	Number Of Air	Accommodation	Accommodation
S π	Location /Address	Bed Rooms	conditioners	Monthly Rent	Annual Rent
		1-2	1-2		
	Total Accommodation	Rental Expendit	ure		
		-		n (if yes please specify	with location

21. Utilities Expenditures

Last Month Utilities Paid						
Telephone	Electricity	Gas	Water			
•						

22. Medical Expenditures: Average of last six months (Per Month Expenditure)_____

Total Family Expenditures

	Education	Accommodation	Utilities	Medical	Misc.	Total Monthly	Total Annual
S #	Expenditure	Expenditure	Expenditure	Expenditure	Expenditure	Expenditure	Expenditure

S #	Descriptio	n	Amounts in Pak Rupees
Total Monthl	y Income		
Total Monthl	y Expenditure		
Net Monthly	Disposable Income*		

S #	Description	Amounts in Pak Rupees
	Total Annual Income	
	Total Annual Expenditure	
	Net Annual Disposable Income*	

* If the monthly / Annual Disposable Income is negative, kindly explain the reasons for the gap, and
the arrangements through which the differential gap is met by the family

Assets (with current market value)

23. Does the family own any Transport? Yes No

If yes kindly fill the relevant details

S #	Transport Type (Car/ Motor cycle/ Others*)	Make /Model	Engine Capacity (CC)	Registration No.	Ownership Period
1					
2					

^{*} Others: include tractor, rickshaw, bi-cycle, motorcycle rickshaw, carriage pick, truck etc.

	24. Number25. Area and				s) owne	d				
	Assets Title		Qty	Size		ocation (Ado	dress)	Cultivable Area	_	ricultural ield per Acre
Resid	lential									
Comr	mercial									
Agric	ultural									
Empl	oyer/Govt Sch	neme								
26	. Assets worth	ı (Curre	nt Mark	ket Value i	n Pak. I	Rs.)				
S #	Asset	s Title		Father	Moth	erSpouse	Se	elf Guar	dian	Total
1	House									
2	Business									
3 1	Land & Bui	lding								
4	Bank Balanc	ce								
5	Stocks/Prize	bond								
6	Others/ Catt	le(s)								
	-								2	
	ow were the ac	oan take	cing oth	ner than loa	nn (Plea	se specify)	riend)			
_	pplicants edu			d: Location o	f	Per Month	To- F		sion/	%age/
	of Study chelors		Insti	tute		Fee	month	GF GF	PA/	CGPA
	rmediate									
	ondary									
500	Olidai y									

33 S#	Name of Institute	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class / Level at which Scholarship was granted
1 2					
	tatement of Purpose (a	Explain your suitab	pility for this scho	plarship) - attach	separate sheet
	ERTAKING the information given in this	application are true to	the best of my know	wledge and I underst	and that any
in ap as	correct information will resplication is found incorrect insistance and the student wholarship amount.	sult in the cancellation t or false after grant of	of this application.	If any information gee, the institute will	given in this stop further
Parei	nts/ Guardian Signature	- S			

31. Per month fee/ tuition charges of the institution last attended _____

35. Fill the Check List

S#	Tick Mark✓ the relevant box			
a.	Particulars	Yes	No	
i.	Candidate CNIC copy			
2.	Father CNIC copy			
3.	Mother CNIC Copy			
4.	Government Servant			
5.	Last month bill paid gas			
6.	Last month bill paid Telephone			
7.	Last month bill paid Electricity			
8.	Last month bill paid water			
9.	Tuition fee receipt			
10	.Hostel receipt			
11	Avail any scholarship before BPM			

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Decision of the Committee:

1.	Mr. Inamullah Khan (Registrar) Convener		
2.	Dr. Muhammad Ayaz (Director Academics) Member		
3.	Mr. Waseem Ullah, Chairman Deptt: of Political Science, Member		
4.	Mr. Farman Ullah Khan Asstt: Controller of Exam Secretary/ Member		