



The Islamia University of Bahawalpur, Pakistan  
 Financial Aid Office, Abbasia Campus  
 E-mail: iub\_fao@yahoo.com Tel: 062-9250505

## NEED BASED SCHOLARSHIP FORM

### Instructions:

1. Read and fill the form carefully.
2. Avoid overwriting/cutting in the application form.
3. Applications supported with incomplete or false information shall not be entertained.
4. Ensure that you have attached all the required documents.
5. Submit duly completed application form to the concerned department within given time frame.
6. Place the documents in the order as mentioned in the check list.
7. For the information not present/relevant write in capital letters N/A.

### Personal Information:

1. Name of Student: \_\_\_\_\_
2. Father's Name: \_\_\_\_\_ Father's Income: \_\_\_\_\_
3. Guardian's Name: \_\_\_\_\_ Guardian's Income: \_\_\_\_\_
4. Permanent Address: \_\_\_\_\_
5. Fee Challan No: \_\_\_\_\_ Fee Paid (Rs): \_\_\_\_\_ Dated: \_\_\_\_\_
6. CNIC: 

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### Discipline/Program in which student studying:

Department	Discipline <small>B.Sc/BS/M.A/M.Sc./Others</small>	Roll Number	(Mor/Aftr/Eve)	Term/Semester /Proff	Session

### Details of Family Members:

1. Total number of family members comprising Father, Mother, Self, Brother & Sister: \_\_\_\_\_
2. Details of earnings of the family members:

Sr. #	Name	Relationship	Occupation	Organization Name	Designation	Monthly Income
1.						
2.						
3.						
<b>Grand Total</b>						

\_\_\_\_\_  
Signature of the Applicant

## For Use by Department

It is certified that Mr. /Miss \_\_\_\_\_ Son / Daughter  
of \_\_\_\_\_ is student of this department in  
session \_\_\_\_\_ and the particular information given by the student is correct.

## Certificate for Release of Scholarship

Also, certify that Mr./Miss. \_\_\_\_\_ student of \_\_\_\_\_ is  
a Need Based Scholarship holder, has been showing satisfactory attendance and performance in his/her studies and that  
his/her conduct has been good and was not involved in any unlawful activity during the  
period \_\_\_\_\_. His/her scholarship for this month/period may be released.

### Departmental Scholarship Committee:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Signature with Stamp)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Signature with Stamp)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Signature with Stamp)

Chairman: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Stamp) Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
DD MM YY

Department of: \_\_\_\_\_  
The Islamia University of Bahawalpur

### Check List:

- a) CNIC / Form 'B'
- b) Income Certificate/Pension Copy/Salary Slip
- c) Photocopy of Fee Challan Form
- d) Scholarship bill duly signed by the Chairman