

SZABIST Need-Based Scholarship Application Form

Instructions:

1. Please fill in **BLOCK LETTERS**
2. In case of non-applicable field, please write "NA".
3. Provide the required documents, mentioned on Pg. 12 & 13, for application processing.
4. Student must fill Online Portion of the Form as well on <https://forms.gle/QftFiCGD4xpPzEbB8>

Photograph

Fresh / Renewal, please specify % of fee waived off in case of renewal: _____

1. CANDIDATE'S INFORMATION:

Name: _____
(First) (Middle) (Last)

Father's Name: _____ Alive/Deceased: _____

Guardian's Name (if different): _____ Relationship with Guardian: _____

Father/ Guardian Cell Number: _____ Father/ Guardian Email: _____

DOB: _____ Age: _____ CNIC Number: _____

Marital Status: _____ Gender: _____

District of Domicile: _____ Province: _____

Present Mailing Address: _____

Permanent Mailing Address: _____

Residence Phone #: _____ Applicant's Mobile #: _____ Mobile 2: _____

Applicant's Email Address: _____

2. ACADEMIC INFORMATION:

SZABIST Roll Number: _____

Degree Program: _____ Year/Semester: _____

Previous Qualification Percentage/ Grade: _____

Academic Qualifications

Level of Study	Institutions Name	From (Year)	To (Year)	Grade/ Division	Percentage/ CGPA	Type of Financial Assistance/ Scholarship (If Any)	Amount Received	Sponsoring Agency
Master of Science (MSc.)								
Masters								
Bachelors								
Intermediate/A- Levels								
Matriculation/ O-Levels								

3. FAMILY INFORMATION**Particulars of Immediate Family Members** * (use extra sheet in case of additional members)

S. No	Name	Relationship	Age	Marital Status	Occupation	School/ Institute/ Office/ Business	Last Qualification	Monthly Income
1								
2								
3								
4								
5								
6								
7								

4. **INCOME**

Annual (Rs.)	Income Source	Father	Mother	Spouse	Self	Sibling 1 Specify:	Sibling 2 Specify:	Other Specify:
Designation								
Salary Income	Salary							
	Allowance							
	Annual Bonus							
	Leave Encashment							
	Others (Specify):							
	Total Gross Salary							
Deduction	Tax							
	Provident Fund							
	Others (Specify):							
	Total Deduction							
Net Salary								
Business Income/ Agriculture Income	Annual Income							
	Annual Expenses							
	Agricultural Income							
	Total Business Income							

Other Income	Pension							
	Bank Deposit							
	Rental Income							
	Profit from Saving/Investments							
	Car(s) & Bike(s)							
	Others (Specify)							
	Total Other Income							
Total Annual Income								
Total Family Annual Income								
Total Monthly Income								
Total Family Monthly Income								

5. **ASSETS**

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

Assets (in Rs.)	Father	Mother	Spouse	Self	Sibling 1 Specify:	Sibling 2 Specify:	Other Specify:	Total
Business								
Home /Flat								
Land/ Plot								
Agricultural Land								
Investments								
Saving								
Shares/securities								
Gold and Silver								
Bank Balance								
House Rent Advance								
Others								
Total								

Bank Account Details of all family Members (Last Six Months):

In the Name off	Name of the Bank	Opening Balance	Total Credit	Total Debit	Closing Balance

Accommodation/ Property Details

Asset Title	Exact Location	Area (In Sq. Foot)	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						

6. 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)	

7. **EXPENDITURE**

Education Expenditure (use extra sheet in case of additional members)

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

Utilities Expenditure

Month (Last 3 months)	Electricity	Gas	Telephone	Water	Others Specify:	Total
Average Annual Expenditure						

Other Expenses

Legal	Loan Repayment	Donation	Payment of Insurance Premium	Others Specify:

Total Annual Expense

Education Expenditure	Rental Expenditure	Transportation and Fuel Expenditure	Household Expenditure (Ration etc.)	Medical Expenditure (if any)	Utilities Expenditure	Income/Property Tax	Other Expenditure Specify:

Income/ Expenditure Table

Total Annual Income	
Total Annual Expenditure	
Net Annual Disposable Income	

If the net disposable income is negative, provide an explanation of how the family manages to meet the shortfall:

8. **SZABIST NEED- BASED SCHOLARSHIP REQUEST FORM FOR Fall 2025**

Educational Expenses	Per Annum in Rs.
Admission Fees	
Tuition Fees (Including Student Activity Charges)	
Books and Project material expenses (If Any)	
Transportation Cost (to and from University) (If Any)	
Total Education Expenses	
Lodging and Boarding	Per Annum in Rs.
Hostel cost (for applicants living outside city of permanent residence)	
Food cost (for applicants living outside city of permanent residence)	
Total Lodging and Boarding Expenses	
Family Contribution and Other Sources Financial Support	Per Annum in Rs.
Family Contribution	
Bank/Co-Operative Society Loan	
Scholarship/Assistance (please specify:)	
Other Sources (please specify:)	
Total Contribution	
Amount Requested from SZABIST	
Percentage of Tuition Fee	

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 (In case of new Admission your last year in the previous qualification)?

Sources	Amount	Is it repayable?

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

10. DOCUMENTS TO BE SUBMITTED WITH THE FORM

The mentioned below documents are mandatory and should be attested by Gazette Officer (B-17) & above

- Y Copy of CNIC of (In Case under 18 years of Age B-Form):
 - Applicant
 - Mother
 - Father
 - Guardian (If Different)
 - Siblings
 - Spouse
 - Guarantor
 - Reference
- Y Copy of Domicile Certificate and Permanent Residence Certificate of
 - Father
 - Guardian (If Different)
 - Mother
 - Applicant
- Y Copy of SZABIST Admission Letter
- Y Copy of Paid SZABIST Admission Fee Challan/ Voucher
- Y Copy of academic certificates of previous qualifications
- Y Copy updated Resume/ C.V of applicant
- Y Copy of Latest fee challans/Fee concession (scholarship/loan) document(s) of all family members studying
- Y Copy of Fees of Previous Education and Scholarship Documents
- Y Copy of Salary Slip/pension book of all working family members
- Y In case, any family member is a non-salaried person i.e. Business man / Landlord etc., provide;
 - Bank Statement of last six (6) months business account.
 - Copy of Income Assessment / Return of Income duly issued by Income Tax Department, Government of Pakistan
 - If Not a Tax Filer Income Certificate issued by District Commissioner

- Y Latest Income Tax Certificate and Return of all family members
- Y Last Six Months Bank Statement of all Family Members (All Bank Accounts)
- Y Copy of Documentation related to All Assets
- Y Documentary evidence of any loans obtained
- Y Copy of accommodation/house documents (Rent Agreement if Rented Otherwise Property Papers)
- Y Six Photographs of all properties owned and rented (3 from Outside and 3 from Inside)
- Y Copy of documentary evidences of investments/real estate/property owned by the family
- Y Copies of latest Utility Bills: Electricity, Gas, Telephone, Mobile, etc.
- Y Medical Bills (If Applicable)
- Y Copy of Passport of All Family Members (All Pages) (If Made)
- Y Death certificate (if / whenever applicable) of parents, siblings & spouse (if any)
- Y Vaccination Card/ Certificate
- Y Any other Document to strengthen Case

11. TERMS AND CONDITIONS

The scholarship will be terminated in the following conditions;

1. If the student fails to maintain minimum CGPA of 2.5.
2. If the student fails to maintain minimum 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 student is punished because of his / her involvement in violation of the institute's rules, damage to institute's property, misbehavior with staff or students, or any other disciplinary violation.

12. **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, 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 Award Committee concerning the evaluation of my application for Scholarship.
4. I allow SZABIST the right to use information given in this form for verification and other purposes deemed necessary by SZABIST.

Date

Father/Guardians Signature

Mothers Signature

Applicants Signature

Guarantors & Reference (Excluding Immediate Family Members): -

Guarantor 1 Name _____

Relationship: _____

Home Address _____

Office Address _____

Contact Information: Office: _____ Cell: _____

CNIC#: _____ Signature: _____

Reference 1 Name _____

Relationship: _____

Home Address _____

Office Address _____

Contact Information: Office: _____ Cell: _____

CNIC#: _____ Signature: _____