

**MEDICAL TEACHING INSTITUTION
MARDAN COLLEGE OF MEDICALTECHNOLOGY -BKMC
APPLICATION FOR POVERTY/NEED BASED SCHOLARSHIP FOR THE STUDENTS OF BS
ALLIED HEALTH SCIENCES**

IMPORTANT NOTES:

- All the particulars should be filled in Block Letters. Use extra sheets for any additional information.
- The purpose of this scholarship is to assist students who do not have the resources to generate funds to meet their educational expenses. Accordingly, it is expected that students demonstrate a genuine need after exploring all other possible avenues of aid.
- Applications that do not bear evidence of efforts for raising funds from other sources may not be considered for award of scholarship by the committee.
- Applicant needs to submit the application form for scholarship at their concerned Student affairs of MCMT with all required documents as mentioned below along with acceptance of admission offer letter.
- Incomplete and / or late applications will not be considered for scholarship.
- Submission of an application for a scholarship does not guarantee award of scholarship.
- Scholarship eligibility is valid for overall 04 (four) years degree course. You need to maintain the passing status of each subject in every semester; failure to which would lead to withholding of scholarship and will not allotted to any other student.
- The institute reserves the right to verify the information and evidences provided by the student. Incorrect information or concealment of any fact will result in rejection of scholarship.
- Any critical information which is not covered in the form, but seems necessary for scholarship can be enclosed in writing as a separate sheet with evidence (if applicable) and submitted with the scholarship application form.

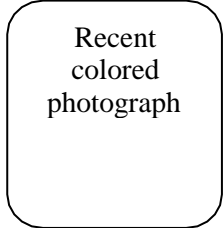
DOCUMENTATION REQUIRED:

The application **MUST** be accompanied with documents listed below which can verify your family's income, expenses, assets and liabilities. Details are requested to ensure that assistance is extended to those in the greatest need.

1. Attested Photocopy of applicant's CNIC
2. Attested Photocopy of guardian's CNIC
3. 01 recent photograph of student
4. Form B copy (Attested)
5. Photocopy of Father's/Mother's/Brother's/sister's salary slip/Pension Book (whichever applicable)
6. Income certificate from the relevant authority in case of Business / Private Practice / Agriculture land will be accepted.
7. Evidence of educational expenses paid by the family for last six months.
8. Evidence of scholarship(s) or assistance received by siblings to complete their education.
9. Copy of Electricity, Gas and Telephone / Mobile Bills (for last three months).
10. Documentary evidence with complete details of all assets / properties owned (house, plot, business, agricultural land/ car(s) etc.).
11. Documentary evidence of all investment held. (Saving certificates, fixed deposits, etc.)
12. Copy of lease / rental agreement of all properties taken / given on lease / rent.

Department: _____ Batch _____ Year/Semester _____

Applicant's Information



Application No. _____ Academic Program _____

Applicant's Name _____

Applicant CNIC

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Father's name _____

Father's CNIC

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Cell # (Student) _____ Cell # (Father/Guardian) _____

Email Address _____

Present Postal Address _____

_____ District _____

Postal Address (Permanent) _____

_____ District _____

Name of the Educational Institution last attended: _____

Total educational charges paid in the last year Rs. _____ Source: _____

(Please mention the percentage of assistance / scholarship if received)

Details of employment prior to admission: (if applicable)

Name of Organization _____ Designation _____

Duration of Service _____ Monthly Salary _____ Other Benefits _____

Status of job during this program:

- On leave with pay
- On leave without Pay
- Resigned
- Working

If resigned, Date of resignation _____ Commutation Received Rs. _____

Family Financial Information

Guardian's Name _____ Relationship with Applicant _____

Guardian's Occupation (Please tick and fill the appropriate columns)

<input type="checkbox"/> Service	Name of Organization			
	Designation		Duration of service	
<input type="checkbox"/> Business	Nature of Business		Duration of Business	
<input type="checkbox"/> Retired	Date of Retirement		Organization	
	Position		Last drawn Gross Salary	
	Commutation received at time of Retirement (in case of salaried person)			
<input type="checkbox"/> Unemployed				
<input type="checkbox"/> Disable				
<input type="checkbox"/> Deceased				

Note: Attach the relevant proof i-e pay slip/copy of pension book/death certificate/disability certificate.

Business / Service address of Father / Guardian _____

Tel: _____

Email Address _____ Mobile No. _____

Total members residing with the family: _____

Particulars of all immediate family members residing with the family (*use extra sheet if required*)

Name	Age	Relationship with Student	Marital Status	Occupation	Designation/ Nature of Business	Institution/ Organization
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Have you or any member of the family been overseas in the last 2 years?

YES

NO

If yes: who travelled? _____ Purpose of travel _____ when? _____

Duration of Stay _____ Places visited _____ Amount spent (PKR/USD) _____

How was the cost financed? _____

Family resources: _____ Sponsored by employer: _____ Others (please specify) _____

(If support is from more than one source, specify % from each source

Residential Accommodation

Status of Residence			
Owned	Rented	Other (please specify)	
Type of Residential Accommodation			
Flat	Townhouse	Bungalow	Other (please specify)
Size of Plot		Covered Area	
CMV *		No. of Rooms	
Year & Cost of Purchase		Installments outstanding (if any) **	

* CMV = Current Market Value

** in case of owned house

Family's Liabilities

Loan Taken

Please provide details of loan taken from financial institutions / family / friends excluding loan granted by MCMT

Name of Bank/ Institution	Purpose	Date of loan availed	Principal Amount PKRs.	Rate of Interest	Annual Repayment PKRs.	Outstanding Balance PKRs.

Family's Assets

Please give details and provide evidences of the following:

House Property (other than residential house)

- a. Size of Plot _____ Covered Area _____ Location _____ CMV* _____
b. Size of Plot _____ Covered Area _____ Location _____ CMV* _____
c. Size of Plot _____ Covered Area _____ Location _____ CMV* _____

Business Property (Please Specify) Office Shop Other

- a. Size of Plot _____ Covered Area _____ Location _____ CMV* _____
b. Size of Plot _____ Covered Area _____ Location _____ CMV* _____
c. Size of Plot _____ Covered Area _____ Location _____ CMV* _____

Plots

- a. Date of Purchase _____ Location: _____ Commercial/Residential
Installments Outstanding (if any) _____ Size of Plot _____ CMV* _____
b. Date of Purchase _____ Location: _____ Commercial/Residential
Installments Outstanding (if any) _____ Size of Plot _____ CMV* _____

Agricultural Land

Area (in Acres) _____ Location _____ CMV* _____
Production (name and frequency of crops) _____

Other Assets/Investments

- a. Saving Certificates _____ PKRs _____
b. Stocks /Shares _____ PKRs _____
c. Prize Bonds _____ PKRs _____
d. Other assets/ investments _____ PKRs _____

* CMV = Current Market Value

Details of Bank and Cash Balances (please give details of all accounts and submit latest bank statements for all members and/or business in the family of last twelve months) – (use extra sheet if required)

Bank Balance			
Title of Account	Name of Bank	Currency	Balance
Sub Total Bank Balance - Currency (specify)			
Cash in Hand – Currency (specify)			
Total Bank and Cash Balance – Currency (specify)			

Family’s Assets (Contd.)

Please give details of the following household items that exist in your house:

	Make and Model	Yes / No	How many	Current Market Value (PKR)
i). Car				
ii). Motorcycle				
iii). Air Conditioner				
iv). Computer / Laptop				

Annual Family Income

Details of Annual Family Income (Please indicate income of all family members in PKRs):

		Relationship with Applicant			
a. <u>Income from Salary</u>					
Annual Take Home Salary					
Add: Annual Bonus					
Leave Encashment					
Assistance for Travel					
Loan Deduction					
Others (Please specify)					
<u>Total Income from Salary</u>					
b. <u>Pension</u>					
c. <u>Net Income from Business/Profession</u>					
d. <u>Agricultural Income</u>					
e. <u>Other Income</u>					
i). From house property (Rental Income)					
ii). From business property (Rental Income)					
iii). From investment					
iv). From saving certificates	@	%			
v). Any other source (please specify)					
<u>Total Other Income</u>					
Total Annual Income (a + b + c + d + e)					
Total Other Income					
Total Annual Income (a + b + c + d + e)					

In case of Deficit, please specify how the deficit was managed last year?

Financial Arrangement

Other organizations/institutions approached for financial assistance.

(Banks, father's/mother's/guardian's employer etc. - please provide evidence)

Name of Organization	Amount Applied for	Outcome

Are any of the family members other than father/mother/guardian supporting your educational expenses at MCMT?

Yes No.

If yes, please specify: amount PKRs _____ Relationship _____

Financial arrangements for MCMT Fee Payment:

(MCMT Poverty Scholarship is awarded for Tuition fee only based on eligibility. All other fee including Income Tax has to be paid by the student.)

Tuition Fee

University Fee

Other Fee

Hostel Fee (If applicable)

Total Fee

Payment from Family resources

Other Sources (scholarship, sponsorship etc.)

Scholarship requested from MCMT (Balance Amount)

PKRs

Undertaking

1. I understand that submission of this application does not guarantee award of Scholarship, nor does it excuse me of any financial responsibility in relation to study at MCMT.
2. The information given in this application is complete and true to the best of my knowledge. I understand that concealing information or providing incorrect information will result in denial of scholarship and may also result in strict disciplinary action, including possible expulsion from the institute.
3. I agree to abide by the decision of the Scholarship Committee.

Signature of Applicant: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Witness 1 _____

Signature of Witness 2 _____

Name: _____

Name: _____

CNIC: _____

CNIC: _____

Mobile Number: _____

Mobile Number: _____

CERTIFICATE OF FINANCIAL STATUS

I _____ hereby verify that Mr. /Miss. _____ CNIC
_____ S/O,D/O _____ CNIC _____ of
House No. _____ Mohallah _____ Village _____ is
facing acute financial hardships in supporting his/her child to continue the studies.

I undersigned verify that Mr./Miss _____ has _____ children and _____
dependent family members. There are _____ earning members in the family.

Total monthly income of the Mr./Miss _____ is around Rs. _____.

Verification by Village Counsellor:

Name _____ Signature _____

Village _____ Date: _____

Office Stamp (Must be Readable)
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