



# FATIMA

## Education Program

**Statement of Confidentiality:** The information given / submitted during the process of application will be kept strictly confidential and shall not be disclosed to anyone under any circumstances except for verification purpose or for compliance of law or against any court order.

Name of the Course/ Certification Applied for: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Gender: \_\_\_\_\_ Applicant CNIC No.: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Age: \_\_\_\_\_ Domicile: \_\_\_\_\_

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

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

Are you currently working: \_\_\_\_\_ If answer is Yes, complete the below box.

Designation: _____	Name of Employer /Company: _____
Total Monthly Applicant Gross Income in PKR _____	
Total Monthly Applicant Take Home Income* in PKR _____	
* Take Home Income: Salary / Pay available after deduction of taxes, provident fund charges etc.	

Tel (Res.): \_\_\_\_\_ LinkedIn ID:  Yes  No Email: \_\_\_\_\_

Total Family Members currently living jointly: \_\_\_\_\_

S #	Name of Family Member (s)	Relationship	Marital Status	Remarks**

Details of earning of Family Members living jointly (Take extra sheet if required): \_\_\_\_\_

S #	Name	Relationship	Occupation (Specify)	Organization Name	Designation	Monthly Gross Pay/Earning	Remarks
<b>Total Monthly Family Income (add Self Income, if applicable) PKR</b>							

Details of siblings studying and living jointly: \_\_\_\_\_

S #	Name	Relation with applicant	Name & Address of Institute	Fee per month
<b>Total Fees &amp; Tuition Charges</b>				

Father's Name: \_\_\_\_\_ Computerized N.I.C. No \_\_\_\_\_

Status:  Alive  Deceased Professional status:  Employed  Retired  Business Owner

Name of Company/Employer: \_\_\_\_\_ Tel (Off): \_\_\_\_\_ Mobile: \_\_\_\_\_

Occupation Type: \_\_\_\_\_ NTN: \_\_\_\_\_

Designation & Grade \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Total Net Monthly Take Home Income (Salary/ Pension/ Others): \_\_\_\_\_

Monthly Other Financial Support Available to Applicant/ Father in PKR. (if any) \_\_\_\_\_

Annual tax return filed by Father: \_\_\_\_\_ Annual Tax return filed by the applicant: \_\_\_\_\_

S #	Education Expenses	Accommodation Expenses	Utilities Expenses	Medical Expenses	Misc. Expenses	Total Monthly Expenditure	Total Annual Expenditure
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Description	Amounts in Pak Rupees	Description	Amounts in Pak Rupees
Total Monthly Income		Total Annual Income	
Total Monthly Expenditure		Total Annual Expenditure	
Net Monthly Disposable Income*		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:

Applicant's educational record:

Level of Study	Name and Location of Institute	To- From month/ yr.	Division/ GPA/ Grades/ Percentage
Bachelors/ Graduation			
Intermediate/ A Level			
Secondary/ O Level			

Per month fee/ tuition charges of the institution last attended PKR. \_\_\_\_\_

Have you ever got any other Scholarships:  Yes  No (If yes fill the details of scholarships & attach documentary proof of the scholarships)

S #	Name of Institute	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class / Level at which Scholarship was granted

Statement of Purpose (Explain your appropriateness for this scholarship):

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**Documents Required:**

- A. 01 copy of latest tax return filed by your father/ guardian.
- B. 01 copy of latest tax return filed by yourself.
- C. 02 Passport pictures of yourself.
- D. 01 copy each of CNIC front and back for yourself and your father/ guardian.
- E. 01 copy of latest education/ academic documents/ certificate/ transcript which are completed.
- F. 01 copy of latest certification/ degree copies in which scholarship was earlier obtained and are completed uptill now.
- G. Two references for verification purpose.
- H. Complete link of LinkedIn ID of yourself and your father/ guardian on [coordinator@afapgroup.com](mailto:coordinator@afapgroup.com)

## UNDERTAKING

1. All the information provided above are true to the best of my knowledge and I understand that any information if found incorrect, will result in the cancellation of this application. I hereby confirm that if any information given in this application is found incorrect or false after grant of scholarship, the Academy will seize further facilities and assistance and may demand the refund of all benefits given under scholarship program and may impose a penalty equal to total scholarship amount on me.
2. AFAP reserves the right to use information given in this form for verification purposes only.

**Parent's/ Guardian's Signature:** \_\_\_\_\_ **Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### For office use only

Are the applicant's documents in order?  Yes  No

**Application Case Review Dates:** (i) \_\_\_\_\_ (ii) \_\_\_\_\_

**Additional Remarks:** \_\_\_\_\_

\_\_\_\_\_

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Date	Department Name	Signature Head of Department/ Focal Person
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