



"You are the light of the world ...." Mathew 5:14  
**UAF CHRISTIAN ALUMNI**  
 Email: uafchristianalumni@aol.com

## Need Based Scholarship Form

### STUDENT INFORMATION

Name \_\_\_\_\_  
 CNIC \_\_\_\_\_  
 Date of birth \_\_\_\_\_  
 Address \_\_\_\_\_  
 Mobile No. \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Email \_\_\_\_\_  
 Are you differently able? (Please describe) \_\_\_\_\_  
 Are you an Orphan \_\_\_\_\_

2xPhoto  
 (One attested on  
 front and one on  
 back)

### INSTITUTION INFORMATION

It is certified that Mr/Ms \_\_\_\_\_ Registration number \_\_\_\_\_ Father/guardian name \_\_\_\_\_ with CGPA/GPA \_\_\_\_\_ is student of (mention degree and semester) \_\_\_\_\_ at (name of the institute) \_\_\_\_\_ is a regular student at our institute.  
 In case the candidate has F/I grade(s), Reason \_\_\_\_\_.

\_\_\_\_\_  
 Signature of Tutor/Dean/Director

### OTHER FINANCIAL SUPPORT

Is the candidate obtaining any other financial support according to institution records?

Name of Scholarship/organization/person	Amount receiving (monthly/annually)

\_\_\_\_\_  
 Directorate of Financial Assistance & University Advancement  
 (DFA&UA)



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### ACADEMIC RECORD

(Attach the attested copies of transcripts)

Examination	University/Board	Passing Year	Obtained/Total Marks

### FAMILY DETAILS

(Please provide Family Registration Certificate)

Name (Immediate family members)	Relation	Age/Marital status	Occupation (In case of student mention class)	Monthly Income

Is any of your sibling differently able? (Please describe)

\_\_\_\_\_

\_\_\_\_\_

### INCOME CERTIFICATE OF FATHER/GUARDIAN

I certify that Mr/Ms \_\_\_\_\_ CNIC No. \_\_\_\_\_ is working as \_\_\_\_\_ at \_\_\_\_\_. His/Her monthly income according to my knowledge is \_\_\_\_\_.

Signature with Official stamp
Name of the Officer
Designation and grade
CNIC number
Contact No.

