



NOWSHERA MEDICAL COLLEGE, NOWSHERA



SCHOLARSHIP FORM

PERSONAL INFORMATION:

1. Name: _____
2. Father Name: _____
3. KMU Registration no: _____
4. CNIC NO: _____
5. Date of Birth: _____
6. Gender/Sex: _____
7. Religion: _____
8. Domicile: _____
9. Year of MBBS: _____
10. Session: _____
11. Seat Category: _____
12. Contact No: _____
13. Postal Address: _____

PICTURE

FAMILY DETAILS:

Name of Father	Age/Date of Birth	Occupation/Salary
Name of Mother	Age/Date of Birth	Occupation/Salary
Name of Sibling	Age/Date of Birth	Occupation/Salary

ACADEMIC INFORMATION:

Degree/Certificate	School/College/ Institution	Month & Year of Passing	Obtained Marks/ Total Marks	Percentage



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ADDITIONAL SCHOLARSHIP INFORMATION

S.No	Organization Name	Amount Received	Year in Which Amount Received	Remarks Any

DOCUMENTATION INFORMATION (All Documents must be attested)

S.No	Student Check List	Tick (Student)	Office Confirmation
1.	Attested photocopies of all Educational documents till last exam appeared		
2.	Income certificate/Pay slip/ Salary certificate/Employment certificate		
3.	Utility Bills (Gas, Electricity, any other)		
4.	Death certificate of Parents in case they are not alive		
5.	Affidavit of parents/Guardian for scholarship Eligibility. (Format available in SAS)		
6.	Attendance Certificate		

DECLARATION:

I hereby solemnly declare that the particular given above are correct. In case of any wrong information or concealment of facts I shall be responsible for the consequences. Further, I undertake to abide by the Rules and Regulations prescribed by the Nowshera Medical College, Nowshera.

Student Signature: _____

Date: ____/____/____.



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To

The Chairman
College Scholarship Committee
Nowshera Medical College, Nowshera.

(Write Down in your own words why the committee should support you with the scholarship for your education)