

Help Scholarship Registration Form

New Renewal Date _____ SRF # (for HELP office use only) _____

Passport Size Photo

اپنی تصویر یہاں چسپاں کریں

Student Information:

Student Name _____ Gender Male Female Date of Birth _____

Blood Group _____ Domicile _____ Contact No _____

CNIC No / B-Form

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CNIC Issue Date _____ CNIC EXP Date _____

Address

Home / Town _____

Tehsil _____ District _____ City _____

Province/State _____ Postal Code _____

Academic Information:

Class _____ Registration No _____ Roll No _____

Admission Date _____ Present Semester/Year _____

Duration Present Year/Semester _____

Completion Date from _____ To _____

Father Information:

Name _____ Contact No. _____ Occupation _____

Monthly Income _____ CNIC No.

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CNIC Issue Date _____ CNIC EXP Date _____

Address:

Home / Town _____

Tehsil _____ District _____ City _____

Province/State _____ Postal Code _____

Mother Information:

Name _____ Contact No _____ Occupation _____

Monthly Income _____

CNIC No / B-Form

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CNIC Issue Date _____ CNIC EXP Date _____

Address:

Home / Town _____

Tehsil _____ District _____ City _____

Province/State _____ Postal Code _____

Guardian Information:

(Father / Mother) Enter Bank Details Only! if **Other:** Enter Complete Details!

Name _____ Contact No _____ Occupation _____

Monthly Income _____ Relation with Student _____

CNIC No / B-Form

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CNIC Issue Date _____ CNIC EXP Date _____

Address:

Home / Town _____

Tehsil _____ District _____ City _____

Province/State _____ Postal Code _____

Guardian Bank Detail:

Account Title _____ Bank Name _____ Branch Code _____

Bank Account No _____

Bank Address:

Home / Town _____

Tehsil _____ District _____ City _____

Province/State _____ Postal Code _____

Whether you in receipt of this scholarship in the previous year. YES NO if YES:

Amount Received (Rs.) _____

Give Details:

Whether applied for any other Stipend / Scholarship (if yes give detail):

I understand that all the statements given above are correct and I have not applied for any scholarship from any other Department / Organization / Source. I shall be liable to penal action if any statement made above is found false /incorrect.

Date _____

Signature of Father / Mother/ Guardian

Signature of Applicant

Extra Coaching / Tuition: Yes No If Yes, Then:

Institute Name _____ Contact Person _____ Contact No. _____

CNIC#

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 Monthly Fee _____

Address _____ Subjects _____

Quran / Religious Education: Yes No If Yes, Then:

Institute Name _____ Contact Person _____ Contact No. _____

CNIC#

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 Monthly Fee _____

Address _____

Take Transportation: Yes No If Yes, Then

Driver Name _____ Driver Contact No. _____ Monthly Fee _____

CNIC#

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 Route: One Side Both Side

Address _____

Vehicle Type _____ Vehicle No. _____

Institute Information:

Name _____ Contact Person _____
Contact No. _____ Designation _____

Address:

Home / Town _____
Tehsil _____ District _____ City _____
Province/State _____ Postal Code _____

Institute Bank Details

Account Title _____ Bank Name _____ Branch Code _____
Account No _____

Bank Address:

Home / Town _____
Tehsil _____ District _____ City _____
Province/State _____ Postal Code _____

Sr #	Paticulars	Amount (Rs)	Remarks
1	Admission Fee		
2	Tution Fee		
3	Examination Fee		
4	Registration Fee (Only 1 st Semester or Year)		
5			
6			
7			

Total Amount (in figures) _____ (In Words) _____

- (i) It is certified that above dues are NOT PAID by the student.
- (ii) All Semesters / Years dues will be paid by HELP (Human Empowerment For Life Program) to the institution. Fee/security or any amount will not be reimbursed to the student but to the HELP (Human Empowerment For Life Program) by the institution.
- (iii) It is verified that information provided above is correct. In case of any miss statement / miss declaration, the institution will be liable to refund the amount to HELP (Human Empowerment for Life Program) at any stage.
- (iv) Dues will be handed over to institution in the form of cross cheque.
- (v) The Institution will provide Yearly Performance Report of student to HELP Organization.

The statements made by the applicant are correct to the best of my knowledge.

Date _____

HEAD OF INSTITUTION
Name & Signature with stamp

Approving Authority: (For HELP office use only)

Amount Approved (In Figure)

Company Secretary

C.F.O (Chief Finance Officer)

C.E.O (Chief Executive officer)

Amount Approved (In Words)

Evaluated By

Amount Pay Through Account

Charity Zakat

Note:

- Copies of all documents in support of claims for scholarship to be furnished along with this application.
- Original documents including CNIC / Form-B, previous academic result card will be required to be produced for Verification at the time of submission.
- All fields are to be filled up. No field should be blank.
- Copy of CNIC attached (student and guardian).
- Copy of Form-B attached (only less than 18 years).
- One Passport size photo of student.