

BRAINS INSTITUTE PESHAWAR
Scholarship Application Form
For Intermediate Level Students

Paste your
photograph
here.

Section A: Personal Information

Applicant Name _____ Male Female

Date of Birth: _____ Age: _____ Nationality _____

Place of Birth (Name of City, Country) _____

Domicile(District Name): _____

Present Address _____

Permanent Address: _____

Tel (Res.): _____ Mobile: _____ Email: _____

Total Members in the Family: _____

Total Family Members currently living with you: Total: ____ Male: ____ Female: ____

Total Number of Brothers/Sisters married Total: _____ Brothers _____ Sisters _____

Family members who are Studying: Brothers _____ Sisters _____

Father Name: _____ N.I.C. No: _____

Father's Status: Alive Deceased (if deceased when _____)

Professional Status: Employed Retired

If employed then:

Name of company/Employer: _____ Phone: _____

Address: _____

Designation Grade (BPS/ SPS/PTC etc.): _____

Total Gross Monthly Income (Salary/ Pension/ Others): _____

Total Net Monthly Take Home Income (Salary/ Pension/ Others) _____

Previous Occupation (if applicable): _____

Total Annual Income: _____

Total Family Monthly Income (Section B)

S #	Family Member Name	Relationship	Monthly Gross Income	Monthly net income
1		Father		
2		Mother		
3		Brother		
4		Others:		

Total Monthly Income

Rs. _____

Section – C

Applicant's Educational Record

Level of Study	Institute Name	Institute Address	Period (Start – End date)	Fee (per month)	Division / GPA / Grade
SSC					
Intermediate					
Bachelors					

UNDERTAKING

1. The information given in this application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. If any information given in this application is found incorrect or false after grant of financial assistance, the institute will stop further assistance and the student will have to refund all payment received and or penalty equal to total scholarship amount.
2. BRAINS FOUNDATION reserves the right to use information given in this form for verification and other purposes.

Date: _____ Date: _____
 Date: Parents / Guardian Signature _____ Applicant Signature: _____

For Official use only

Are the applicant documents in order? Yes No

The notices furnished to the applicant for furnishing of required documentation

S #	Notice Date	Document Name Missing	Document Submission Date	Remarks
1				
2				
3				
4				

Application Case Review Dates (i) _____ (ii) _____

Additional Remarks _____

 Date Department Name Signature Head of Department / Focal Person