



OBAID NOOR INSTITUTE OF MEDICAL SCIENCES (ONIMS), MIANWALI

Financial Assistance Scholarship Form

ONIMS will offer financial assistance to its under-graduate students enrolled in various BS programs. Tuition Fee Concession is awarded on the basis of merit and need with preference given to needy students from amongst the candidates qualifying on merit. Selection will be decided on the basis of information provided in this form and investigations for the authentication of provided information. Candidates may be required to appear for interview before the Scholarship Committee of ONIMS. The scholarship committee will recommend the selected candidates for scholarships. However, the final approval will be made by the Chairman/Principal/HOD concerned and the Chief Executive.

INSTRUCTIONS FOR FILLING OUT THIS APPLICATION FORM:

- ✓ Fill in this Application Form using black ball point pen and write in capital letters and leave space between words
- ✓ Read the application form carefully
- ✓ Furnish factual, comprehensive and authentic information in this form
- ✓ Check your application form for spellings, grammatical errors and factual oversight
- ✓ Ensure that you have attached all the required documents by putting a tick mark in checklist
- ✓ Answer all questions. Those not applicable should be marked "N/A"
- ✓ An affidavit needs to be submitted after final selection of the candidate.
- ✓ Keep a photocopy of the filled-in original application form for your record
- ✓ Submit duly completed application form to the ONIMS Admission Office/Student Affairs Office along with supporting documents
- ✓ Consult the ONIMS Admission Office if you are in doubt about completing any section of this form

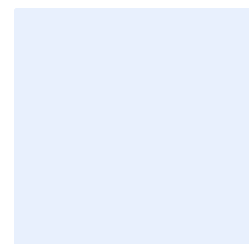
Definitions:

Family: Father, mother(s), brother(s), sisters(s), Grandparents etc.

Dependent Family Member: A family member is dependent if, he/she depends upon applicant father/guardian to meet his/her basic needs (food, clothing and shelter)

Dos	Donts
<ul style="list-style-type: none">✓ Submit your complete Application Form to the Departmental Scholarship Committee.✓ Place the documents in right sequence. State all amounts in Pak Rupees.✓ Do consult with parent(s)/guardian(s) for financial data accuracy and reliability	<ul style="list-style-type: none">✓ Provide False/vague/ incomplete information. <p>Please don't overwrite on/scratch the form.</p>

Financial Assistance Scholarship APPLICATION FORM



1. General Information

Department		Program:	
Application Form No. /Entry No./		Complete Roll No.	
Current Semester/Year		Session	
Result (GPA / CGPA / %age)		Program Duration	

2. Applicant information

Candidate's Name	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
Father's Name	ONIMS registration No	
CNIC Number	Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/>
Date of Birth (dd/mm/yyyy)	Age	
Nationality	Domicile [District Name, Province]	Religion:
Tehsil	Mobile No	
Telephone	Email	

3. Address: Please write Complete Address with full details i.e. Gali Mohallah, nearby e.g. School name Masjid etc.

Present Address (Address, City, Country)
Permanent Address
Postal Address

4. Previous Education

Level of Study	Name of the Institution	Type of Institution	Start- End Date	Per Month Fee	Division/ GPA/ Grade
Secondary School Certificate		Public <input type="checkbox"/> Private <input type="checkbox"/>			
Intermediate		Public <input type="checkbox"/>			

Private

5. Family information

Father's Status	Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Separated <input type="checkbox"/> Date of Death (if applicable)	Professional Status (if alive)	Working <input type="checkbox"/> Not Working <input type="checkbox"/> Retired <input type="checkbox"/>
Father's CNIC		Profession [if working]	Public /Government Job <input type="checkbox"/> Private Sector Job <input type="checkbox"/> Business <input type="checkbox"/> Farmer <input type="checkbox"/> Laborer <input type="checkbox"/> Other <input type="checkbox"/> <i>Detail in case of Other.</i>
Father's/Guardian's Employer Name	[If working, Name of Company / Employer, in case of Retd Please share last organization]	Address of Employer	[Address, City, Country,]
Father's/Guardian's Designation	[Please do mentioned the Grade in Case of Public Sector Organization, in case of Retd Please share last designation]	Mobile Number	
Father's/Guardian's NTN Number and Tax paid	[Please attached the Latest tax return]	Telephone	[Area Code-Number]
Mother's Status	Alive <input type="checkbox"/> Deceased <input type="checkbox"/> Separated <input type="checkbox"/> (if deceased please share date of demise)	Mother Status:	Working <input type="checkbox"/> Not Working <input type="checkbox"/>
Mother's Marriage Relationship	Combined <input type="checkbox"/> Separated <input type="checkbox"/>	Mother's Profession [if working]	House wife <input type="checkbox"/> Private Sector Job <input type="checkbox"/> Business <input type="checkbox"/> Farmer <input type="checkbox"/> Laborer <input type="checkbox"/> Tailoring <input type="checkbox"/> Not applicable <input type="checkbox"/> Other <input type="checkbox"/> <i>Detail in case of Other write here</i>

6. Family Members

Total Family Members	Dependent Family Members
Total Earning Member(s)	Family Members currently Studying
No of Brother(s)	No of Sister(s)

7. Family Income (Add extra sheet if required)

Name of earning person	Profession	Financially supporting the family	Relationship with Applicant	Gross Income
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship.	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship.	

		Yes <input type="checkbox"/> No <input type="checkbox"/>	Relationship.	
	Total			

Please attached the Latest Salary Slip with application Form

8. Current Educational Expenditure of Applicant & Siblings

Name	Relationship with Applicant	Institution Name	Class	Per Month Education Expenditure
	Total			

Name	Per Month Education Expenditure
Self (Please include expenditure including tuition fee and lodging charges) if you are paying your fee half-year or annual basis, please divide by 6 or 12 and write your per month expenditure only.	

9. Monthly Family Expenditure

Detail	Per Month Amount
Average <u>Telephone bill</u> of last Six months (Please attached Bills with application form]	
Average <u>Electricity Bill</u> of last Six months (Please attached Bills with application form]	
Average <u>Gas Bills</u> of last Six months (Please attached Bills with application form]	
Average <u>Water Bills</u> of last Six months (Please attached Bills with application form]	
Average Monthly <u>Mobile</u> Bill	
Average Family Educational Expenditure other than applicant (Please Refer to Sr. no 8 of previous page]	
Applicant Educational Expenditure (Please Refer to Sr. no 8 of previous page]	

Average Family Expenditure on Kitchen and utilities	
Average Family Medical Expenditure (Please attach the Bills with application form]	
Accommodation Expenditure, in case of rent (Please attach the rent agreement]	
Average Family Misc. Expenditures	
Total Monthly Expenditure	
Detail	Per Month Amount
Net Income (Total Monthly Income – Total Monthly Expenditure) [Refer to point 7 and above block]	

10. If the monthly Income is negative, please explain the reasons for the gap, and the arrangements through which the differential gap is met by the family

11. Accommodation

Type	Bungalow <input type="checkbox"/> Apartment <input type="checkbox"/> Flat <input type="checkbox"/> Village <input type="checkbox"/> House <input type="checkbox"/> Town House <input type="checkbox"/>
Status	Self Owned <input type="checkbox"/> Family Owned <input type="checkbox"/> Rented <input type="checkbox"/> Employer Owned <input type="checkbox"/>
No. of Rooms	1-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6-8 <input type="checkbox"/> Above 8 <input type="checkbox"/>
Size of Home [in Sq. Ft]	Covered Areas [in Sq. Ft]
No of Air Conditioners:	Number of Servants
0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> 4-6 <input type="checkbox"/> 6-8 <input type="checkbox"/> Above 8 <input type="checkbox"/>	0 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-4 <input type="checkbox"/> Above 4 <input type="checkbox"/>
Monthly Rent [if applicable]	Address

Any other house/flat owned by the Parents/Guardian (if yes please specify with location and size)

Click here to enter text.

12. Assets

Does the family own any Transport vehicles? Yes No , if 'yes' then please fill the following;

Type of Transport Vehicle	Engine Capacity CC	Quantity	Current Market Value
Car			
Motorcycle			
Other			
Total Value of Transport			

Does the family own any cattle(s)? Yes No , if 'yes' then please fill the following;

Type of cattle	Quantity	Current Market Value
Total Value of cattle		

Other Assets	Quantity	Current Market Value
Does the family own any <u>Stocks/Prize bond</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>(if yes please fill the next columns)</u>		
Does the family own any <u>Bank Balance</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>(if yes, please fill and attached the statement)</u>		
Does the family own any <u>Plot</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>(if yes fill the next columns)</u>	Size in Sq Ft	
Does the family own any <u>House</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>(if yes fill the next columns)</u>	Size in Sq Ft	
Does the family own any <u>Agricultural Land</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>(if yes then please fill the next column)</u>	Size:	
Any other assets		
Total		

Any other financing other than this scholarship (Please specify)

Click here to enter text.

How were the last course's charges paid?

Have you ever awarded any other scholarships before? If yes, please share the details
Statement of Purpose (attach separate sheet if required)

Under taking

- 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/Admission. If any information given in this application is found incorrect or false after grant of financial assistance, the ONIMS will stop further assistance and the student will have to refund all payment received and or penalty equal to total scholarship amount.
- The ONIMS reserves the right to use the information given in this form for verification and other purposes.

Date	Date
Father/Guardian Signature	Applicant's Signature



13. Check List

Documents	attached	Documents	Attached
Copies of CNIC		Copies of utility bills	
Father	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Electricity	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Mother	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Gas	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Guardian	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Telephone	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Income Tax Certificate:		Water	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Father	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Attested copy of rent agreement (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Mother	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Copies of last & latest fee receipts of self and siblings	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Guardian	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Copies of Medical bills/ expenditure related documents (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Copy of last Income Tax Return of:		Copies of previous scholarship(s) attained (if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Father	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Statement of Purpose & passport size Photographs	Yes <input type="checkbox"/> No <input type="checkbox"/>

			N/A <input type="checkbox"/>
Mother	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Salary Certificate of:	
Guardian	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Father/Guardian	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
		Mother	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

For Official Use

Application Form Complete with supporting documents	Yes <input type="checkbox"/> No <input type="checkbox"/>	Application Case Review Dates	
The notices furnished to the applicant for furnishing of required documentation			
		Signature with Stamp Head of Department & Date	