**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CNIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Admission: \_\_\_\_\_\_\_\_\_\_\_\_

Enrolment Year / 1st Semester Year: \_\_\_\_\_\_\_\_\_\_\_\_\_ Enrolment Expiry:\_\_\_\_\_\_\_\_\_\_\_\_

CGPA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No. of papers cleared: \_\_\_\_ No. of papers not cleared: \_\_\_\_

Attendance Percentage: \_\_\_\_\_\_\_\_\_ Email ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_

Semester (Applied): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From ( Month ) To ( Month ) ( Year )

Degree Programs: BS (4 Years) or Pharm.D and LLB (5 Years)

Family Monthly Income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Monthly Expenditure: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Language: \_\_\_\_\_\_\_\_\_\_\_\_

Total Family members: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Siblings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Campus: Abdul Haq Gulshan Iqbal Islamabad**

**Supporting Documents:**

**One progress report for each semester (Keep copy for another semester)**

1. CNIC Copy
2. Enrolment Card Copy
3. Semester / Tuition Fee Voucher Copy
4. Attendance Sheet Copy or Attendance Verification Certificate By HOD (75% and above)
5. Regular Semester Marks Sheet Copy (or Award Sheet Copy if not issuance of Marks Sheet with Admit Card Copy)
6. Undertaking print on single Rs.50 Stamp Paper (Specimen in Urdu PDF format) Download from University website: fuuast.edu.pk/EHSAAS

**Note:** If any query visit Web Page: fuuast.edu.pk/EHSAAS or freely Email us: EHSAAS@fuuast.edu.pk

**TO BE FILLED BY HEAD OF THE DEPARTMENT**

I recommend this student for the applied scholarship, He/She eligible from department. He/She has maintained academic standards of the university. All the information mentioned above are correct as per my knowledge.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE AND SEAL OF HEAD OF THE DEPARTMENT**