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## National College of Arts \_\_

GOVERNMENT OF PAKISTAN

Rawalpindi Campus, Liaquat Bagh, Rawalpindi-46000, Pakistan

Ph: (051) 9334984, Fax: (051) 9334983 Email: administrator.rwp@nca.edu.pk

**Session-\_\_\_\_\_\_\_\_\_\_\_\_**

**Need Base Scholarship Form**

**Apply for one scholarship only.**

**Late / incomplete applications will not be considered.**

**1st year students are not eligible to apply.**

**Students obtained less then 55 % marks in annual examination are not eligible to apply.**

In case of scholarship please write the name of scholarship mentioned in the notice \_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Applicant’s Name** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Mobile Phone No** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Marital Status** | **Single** | **Married** | |
|  | **Roll No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year of Study\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |

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| **Admitted As Self Finance Regular** |
| **Day Scholar Resident** |

**Last Year Promotion Result**

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| --- | --- | --- | --- | --- | --- | --- |
| **Class** | **Total Marks** | **Marks Obtained** | **Percentage** | **Passed as whole** | **Supplementary** | **Signature of Concern**  **Official  (Adm & Exam Section)** |
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**State brief the reasons for applying financial assistance.**

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**Who is sponsoring your studies: Self, Father, Mother, Guardian, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Self source of income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Income \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **1.** | **Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **2.** | **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **3.** | **Telephone #: Residence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **4.** | **Occupation / Designation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **5.** | **Name of Office / Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **6.** | **Pension (if retired) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Brother / Sister**  **Children** | **Age** | **Occupation Status** | **Income (per Month)** | **School / College (if Studying)** | **Fees (Per Month)** |
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| **APPLICANTS UNDERTAKING**  I certified that the information given on this form is correct to the best of my knowledge. I undertake that any misrepresentation may cause cancellation of my admission and financial aid, at any stage before or during the program.  **Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date \_\_\_\_\_\_\_\_\_\_\_\_**  **Head of Department Recommendation:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signatures of Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **­** |

**Please attached the following documents**

1. Utility Bills
2. Salary Slip of Your Father / Guardian

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