





Chinese Ambassador Scholarship Program Application Form for the students enrolled in BS Degree Program, MA/MSc Degree Program, MS/MPhil & Ph.D. Degree Program

Student Financial Aid Office (SFAO), Directorate of Admission, University of Peshawar Email: scholarships@uop.edu.pk

<u>University of Peshawar</u> Instructions For Chinese Ambassador Scholarship Program

Instructions for Applying (Read Carefully)

- ✓ Chinese Ambassador Scholarship Program is open to all students enrolled in BS Degree Program, M.A/MSc. Degree Program& Higher Studies MS/MPhil & Ph.D.
- ✓ Allocated slots are reserved for financially weak and needy students.
- ✓ Award of Scholarships will be decided on the NEED cum MERIT basis.
- ✓ Applicants, who do not secure admission, will not be entertained.

Hard copy of Chinese Ambassador Scholarship Program application form along with all supported documents should be submitted at **Concerned Department/Institute & College on or before January 23, 2023**

- ✓ Incomplete application forms will not be entertained.
- ✓ In case of providing false information or concealment of any relevant fact regarding financial status, in any point of time from application date till graduation, his/her scholarship will be immediately deferred and he/she will be terminated from the program.

Required Supporting Documents:

Please Attached attested photo copies of the following applicable documents

- 1. Passport size photograph
- 2. Domicile of Applicant
- 3. CNIC / Form B of the Applicant
- 4. CNIC of the Applicant's Father /Guardian
- 5. Bonafide Certificate
- 6. Income Certificate of the Father /Guardian of the applicant
 - i. Salary Slips if the father/Guardian is a salaried person
 - ii. Income Certificate on stamp paper in case Father/Guardian is self-employed.
 - iii. Pension Copy if Father/Guardian is retired.
- 7. Utility Bills (Electricity, Gas, Telephone, Water) of last six months.
- 8. If the Medical expenses exceeds Rs. 2000 then attached Medical Reports and Bills.
- 9. Death Certificate from Competent Authority (Medical Doctor, Employer, Secretary Union Council, Tehsildar or Political Agent), if applicable.
- 10. Rent agreement, if house is rented.
- 11. Copies of previous scholarship(s) attained (if applicable).
- 12. Any other relevant document / proof / certificate.

IMPORTANT INFORMATION

Selection under Chinese Ambassador Scholarship Program will be decided on the basis of information provided in this form and investigations for the authentication of provided information. Candidate may be required to appear for interview (s).

PROVIDING FALSE INFORMATION

Providing false information may result in one or all of the following:

- Cancellation of admission.
- Rustication from the university.
- Initiation of criminal proceedings.
- Disqualification for award of any future loan/scholarship.
- Refund of all the payment received and or a penalty equal to total scholarship amount.

INSTRUCTIONS FOR FILLING OUT THE SCHOLARSHIP APPLICATION FORM:

- ✓ Fill in the form using black ball point pen and write in capital letters and leave space between words
- \checkmark Read the application form carefully.
- \checkmark Make a photocopy of the application form
- ✓ Complete the photocopy form and make sure everything is correct and final
- \checkmark Copy all information from photocopied form to the original form
- ✓ Submit duly completed application form at *<u>Students Financial Aid Office UOP</u>*
- \checkmark Furnish factual, comprehensive and authentic information in the form
- \checkmark For family financial reporting parents/guardian may be consulted for guidance
- \checkmark Whenever in doubt or lost, seek help from the Focal Person
- ✓ Check your application for spellings, grammatical errors and factual oversight
- ✓ Keep a photocopy of the filled-in original application form for your record
- \checkmark Ensure that you have attached all the required documents by putting a tick mark in checklist
- \checkmark Answer all questions. Those not applicable should be marked "N/A"
- ✓ Agreement Needs to be submitted after final selection of the candidate

Definitions:

Family: Father, mother(s), brother(s), sisters(s), Maternal / Paternal Uncles (s) & Aunts, Grandparents etc.

Pucca House: A pucca house is one, which has walls and roof made of the following material.

Wall material: Burnt bricks, stones (packed with lime or cement), cement concrete, timber, ekra etc <u>Roof Material</u>: Tiles, GCI (Galvanised Corrugated Iron) sheets, asbestos cement sheet, RBC,(Reinforced Brick Concrete), RCC (Reinforced Cement Concrete) and timber etc.

<u>Kutcha House</u>: The walls and/or roof of which are made of material other than those mentioned above, such as un-burnt bricks, bamboos, mud, grass, reeds, thatch, loosely packed stones, etc. are treated as kutcha house.

<u>Semi -Pucca house</u>: A house that has fixed walls made up of pucca material but roof is made up of the material other than those used for pucca house.

Others: The houses, which are not covered by the types mentioned above, are to be treated as of 'others' type.

Chin	Chinese Ambassador Scholarship Program						
Name	of the Deresting of the		g!		Passport size		
	of the Department: e Title / Program:				Photographs		
	Applic	Section		'n			
	Student Contact No:						
1.	Applicant's Name:			Gender: Male	Female		
2.	Applicant Nadra CNIC No.		-		-		
3.	Marital Status Single	e Married	Divorce	d 🗌			
4.	Date of Birth:A	ge :	Nationality				
	Place of Birth (Name of Cit	y, Country)					
	Domicile (District Name):_						
5.	Present Address						
6.	Permanent Address:						
	Are you currently working						
	Total Members in the Fami						
	Total Family Members curr						
10	. Total Number of Brothers/	Sisters married Total	l:Br	others <u>Sister</u>	S		
S #	Name of Family Member	(s) Relationship	Marital Status	Remarks	**		
1							
2							
3							
4							
5							
6							
7							

**Remarks: List down the number of dependents supported by married brother(s)/ sister(s)

11. Brothers/Sisters/Children/Family Members studying

S #	Name	Relation with applicant	Name & Address of Institute	Fee per month	Tuition per month (If applicable)			
1								
2								
3								
4								
5								
6								
	Total Fees & 7	Fuition Charge	8					
13 14 If 15 16	G. Father Status: (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy)_ (dd-mm-yy)_ (dd-mm-yy)_ (dd-mm-yy)_ (dd-mm-yy)_ (dd-mm-yy)_ (dd-mm-yy)_ (dd-mm-yy)_ (dd-mm-yy)_ (dd-mm-yy)_ (dd-mm-yy)_ (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy) (dd-mm-yy)_ (dd-mm-yy) (dd-mm-yy)_ (dd-mm-yy) (dd-mm-yy) (dd-mm-yy)_ (dd-mm-yy) (dd-mm-yy)_ (Alive	ed Retired retries Retired Retired retries (15-23)	ease mentioned the	e date of demise			
			Mobile:					
	-		SPS/PTC etc):					
		•	e (Salary/ Pension/ Others):					
			ne Income (Salary/ Pension/ Others					
	22. Previous Occupation (if applicable):							
	23. Total Annual Income: NTN 24. Mother's Status: Alive							
27	-		d the date of demise (dd-mm-yy))				
25	· •		bined Separated/Divorced	,				
	. Professionals	-						

Details of Siblings Studying including the applicant own detail

Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian) [Add

Page	if required]								
27. N	27. Name: Relationship:								
28. A	ddress:								
29. T	el (Off/Res)	Mobile	e No]	NIC no.				
30. O	ccupation								
31. D	esignation	<u> </u>	Name of Cor	npany/Emp	loyer				
32. T	otal Monthly Gross Incom	e (Salary/ P	ension/ Othe	ers)					
33. T	otal Net Monthly Take Ho	me Income	(Salary/ Per	sion/Others	s):				
34. T	otal Net Annual Income		44.	Monthly Fi	nancial Su	pport Avail	able from		
SI	apporting person to Applic	ant in Pak R	ks						
Asset]	Asset Income (on monthly basis)								
	Income Source	Father	Mother	Spouse	Self	Other	Total		
	Property Rent								

Property Rent			
Land Lease			
Bank Deposits*			
Shares / Securities*			
Other (Specify)			
Total			

* For sources with annual income returns, kindly report the monthly income earned

42. Total Earning Members in Family: ____

43. Total No of family members not earning _____

44. Details of Family Members Earning:

S #	Family Member Name	Relationship	Family Member occupation ***	Organization Name	Designation	Monthly Gross Pay/Earning	**Remarks
1							
2							
3							
4							
	Total Monthly	Family Income	e (add self-incon	ne, if applicable)	Pak Rupees		

** Please mentioned if the Family member supporting to Family in Remarks Column (Yes/No)

*** Family Member Occupation classification

- 1. Government Service (Specify the employment grade BPS/SPS/PTC etc.)
- 2. Private Job
- 3. Agriculture/Farming
- 4. Own Business (Self Employed). Details/nature of self-business need to filled in at remarks column
- 5. Others. Details/nature of self-business need to filled in at remarks column

			Monthly Income	Monthly Gross	Monthly Net
S #	Family Member Name	Relationship	from Assets	Pay/Earning	(Take home)
			(Sec. 45)		Pay/Earning
1					
1					
2					
3					
4					
5	Applicant Monthly Gross	Pay/Earning			
	(Sec. 11)				
6	Applicant Monthly Net (7	Take home)			
	Pay/Earning (Sec. 12)				
	Total Monthly Incom	e in Pak Rupees			
	Total Annual Income	in Pak Rupees			

Total Family Monthly Income

FAMILY EXPENDITURES

47. Accommodation Expenditures (Please Check the relevant boxes)

Type: Bungalow Apartment /Flat Town House Village House	
Structure: Pucca House Kutcha House Semi Pucca House Others	
(Detail available at Page 1 &2)	
Status: Rented Self or Family owned Employer / Govt Owned	
Rent Payment: Self Employer/Govt Others	
Total Size of the House in Sq. ftCovered Area in Sq. ft	

S #	Accommodation Location /Address	Number Of Bed Rooms	Number Of Air conditioners	Accommodation Monthly Rent	Accommodation Annual Rent
		1-2 2-4 4-6 6-8 Above 8	Nill 1-2 3-6 6-8 Above 8		
48	8 Total Accommodation Rental Expenditure				

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

size)_____

49. Utilities Expenditures

	[Last Month Utilities Paid						
		Telephone	FelephoneElectricityGasWater						
		Average of	f Last Six Months	(Per Month U	tilities Ch	arges)			
	S #	Telephone	Electricity	Gas	Water	Т	otal		
	49								
50. Monthly	Food /	Kitchen Ex	penditures						

51. Medical Expenditures: Average of last six months (Per Month Expenditure)_____

Section B:

Cumulative information of Self, Parents and Guardian Assets

Assets (with current market value)

52. Does the family own any Transport? Yes No If yes kindly fill the relevant details

_

S #	Transport Type (Car/ Motor cycle/ Others*)	Make /Model	Engine Capacity (CC)	Registration No.	Ownership Period
1					
2					
3					
4					

* Others: include tractor, rickshaw, bi-cycle, motorcycle rickshaw, carriage pick, truck etc.

53. Area and location of Land(s)/Plot(s) owned _____

Assets Title	Qty	Size	Location (Address)	Cultivable Area	Agricultural Yield per Acre
Residential					
Commercial					
Agricultural					
Employer/ Govt Scheme					

54. Assets worth (Current Market Value in Pak. Rs.)

S #	Assets Title	Father	Mother	Spouse	Self	Guardian	Total
1	House						
2	Business						
3	Land & Building						
4	Bank Balance						
5	Stocks/Prize bond						
6	Others/ Cattle(s)						
	Total						

Section C: Financial arrangements for current year

55. Any source of financing other than this scholarship (Please specify)

56. How were the admission /first semester charges paid?

Section D:		
Section D.		
Applicant Educational Record		

Level of Study	Name of the Institute	*Address of the Institute	Period(Sta rt & End Date)	Per Month Fee	Division/ GPA/ Grade
Bachelors					
Intermediate					
Higher Secondary					
Secondary					
Primary					

* At least the name of the City is required in the field.

57. Have you ever awarded any other scholarship before: Yes 🗌 No 🗌

(If yes fill the details of scholarships & attach documentary proof of the scholarships)

S #	Name of Institute	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class / Level at which Scholarship was granted
1					
2					
3					

Statement of Purpose (Explain your suitability for this scholarship) - attach separate sheet if required

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 as well as my admission. 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. University of Peshawar reserves the right to use information given in this form for verification and other purposes.

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

For Department/Institutes

Are the applicant documents in order? Yes

No 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				

Additional Remarks

Date

Department Name

Signature Head of Department