

02

UNIVERSITY OF SUFISM AND MODERN SCIENCES BHITSHAH, SINDH, PAKISTAN EXCELLENCE | INTEGRITY | LEADERSHIP

	Need Cu	m Merit Bas	sed Scholars	hip		
ame of the U	niversity:					
egree Title /]	Program:					
1. Applica	. Applicant's Name: Gender: Male				Female	
2. NIC No	NIC No:					
2 Marital	Status: Single	e	ed			
A STATE OF THE STA			_			
4. Age:	Domicile	e:				
5. (a) Depa	artment:	(b) Year of Study				
(Decount	A ddross:					
o. Present	Address:					
7. Permane	ent Address:					
8. Tel (Res	s):	Mobile:		Email:		
-9. Father's	Name:		_Computerize	d NIC No:		
10. Status:	Alive	Deceased				
11 D. C	onal Status:	Employed	- Dotiro	d Business	Owner	
Occupat	ion:				<u> </u>	
-12. Gross m	onthly Income:					
	certificate attach)					
13 Applica	nts Educational Rec	ord:				
		or u .				
	evel of Study	Division / C	GPA % age	e / CGPA		
Proposition and the second	diate Arts					
	ediate Science					
B.A (Pa	100mm - 100	A Decree of the Control of the Contr	and the same			
B.Sc (F	THE RESIDENCE OF THE PARTY OF T	The second second				
B.Com	(Pass)					
14. Have yo (If yes fi	u got any other Schoill the details of scho	olarship: Yes _ olarships & atta	No No	ry proof of the scho	larship)	
S. No	Name of Institute	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class / Level which scholars was granted	
0.1						



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UNDERTAKING

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 scholarship amount.

2. USMS Bhitshah reserves the right to use information given in this form for verification and other purposes.

Applicant Signature		
For Official Use Or Applicant's docume	nly nts are complete in all respect.	YES No
Applicant's case is	checked and found eligible for co	onsideration.
(i)	(ii)	
Additional Remark	s:	
Date:	Department:	Signature of HOD/ Focal Person