

Bachelors (if applicable)

DIYA PAKISTAN REGISTERED

1304/474, Hasan Street, Defence Road, New Lalazar, Rawalpindi
Tel: 051-5859582, Mobile: 0300-5322592
(Office Telephone Timings: 3:00pm to 5:00pm)

tion provided is false, you will never get Diya Scholarship

very important: if an	iy intormat	tion provided is false, y	ou will never	get Diya Sci	noiarsnip.		
APPLICANTS' DETA	ILS						
Name:				CNIC No:			
Father's Name:				CNIC No:			
Mother's Name:				CNIC No:			
Gender:		Domicile:		Email:			
Date of Birth:		Applicant's Status:		Religion:			
Phone:				Hafiz:			
Present Address (a) S	Self:						
Present Address (b) F	amily:				Area Type	Urban Rural	
Permanent Address:							
Zakat Deserving:							_
Orphan's Only: Mention	on year of fa	ather's death:					
Disabled Only: Indicat	-						
- -		•					
GUARDIAN DETAILS	3						
Name:				CNIC No:			
Relationship:				01110			
Phone contact:							
Income Type:	11 le Cala						
If income type is mo				ization.			
Designation:		Grade:	_	Organization:			
Monthly Salary / Pens	ion Rs						
If income type is No	n_Salaried						
	II-oalarioa						
Occupation:							
Work location:							
Other Income Rs							
Other Income Source	:						
COURSE DETAILS							
Name of University / 0	Ü						
Name of Degree / Co	urse:		_				
Registration No:			Current Sen	nester/ Year:			
Programme started or	n:		_ will com	plete on:			
Mode of Admission: _		_					
ACADEMIC RECORE)						
Examination	Year	Institute Name	Percentage	Type:Govt/ Private	Yearly Expense	Scholarship/Remissi	ion
Matric			T				
Intermediate							
			_				

Current Academic Performance: (Submit semester result transcripts and Equilency Certificate)

Provide complete details of all examinations that have been administered by your university / college so far, including examinations for which the result has not been declared yet.

Examination Level (Mention Semester / Year)			Percentage			
		1				
EDUCATIONAL EXPENDITURE						
Current Expenses on Education						
Yearly Tuition Fee	Yearly Hostel Fee	Yearly Messing Expenses	Total Expenditure			
If you are receiving scholarship for	rom another organization,	, then please provide the d	etails:			
Total Amount of Scholarship:						
Name of the Donor / Organization	n:					
Type of Scholarship:	•	_				
ELECTRICITY BILL						
Consumer No		Electric Company Name:				
Consumer Name on Bill	Consumer Name on Bill Relationship with Applicant					
Reason for not submission of bill	<u> </u>					
Note: Electric bill where family	residing, is required.					
FAMILY ASSETS						
Family owned Transport :						
Make and Model:						
Details of property:						
Property Type	Area	Address / Leastics	Morket Value Da			
Froperty Type	(in Marla)	Address / Location	Market Value Rs.			
Family House						
Shop						

Land / Residential plots

Details of all Siblings:-Name Relationship NIC Status Age Currently studying siblings : Class Govt. / Private School Name Institute Name Yearly Expense Family members in Business / Job:-Work type Govt. / Private Organization/Type of Business Living seperately Name Monthly Income

Loan taken by your family:-Note: If loan taken from Bank or Other Agency then provide Loan Deed

Loan given by	Relation- ship	Contact Number	Date Loan Taken	Loan Purpose	Balance Loan

Justify need for Diya Scholars	ship:		

Fill this form and send it though email at :

apply@diyapak.org

Notes for Students: Please fill following type of information.

	3 7/1
Applicant's Status:	Applicant's Status: Orphan / Orphan & Disabled / Deserving
Mode of Admission:	Open marit / Self finance / Reserve seats
Type of Scholarship	One-time / Monthly / Yearly
Income Type	Govt. Employee / Semi-Govt. Employee / Private Employee / Non-Salaried / Pensioner
Area Type	Urban , Rural