

BALOCHISTAN EDUCATION ENDOWMENT FUND

A Company Setup Under Section 42 of the Companies' Act, 2017



حکومت بلوچستان کا ہونہار و مستحق طلباء و طالبات کیلئے اسکالرشپ کا انقلابی پروگرام

SPONSORSHIP APPLICATION FORM (SAF)

SESSION:

(FULLY FUNDED SCHOLARSHIP / SPONSORSHIP PROGRAM FOR QUALITY EDUCATION)

THROUGH THE EDUCATIONAL INITIATIONS RECOGNIZED AS THE CENTERS OF EXCELLENCE (COE ARE OUT OF BALOCHISTAN SO FAR)

SAF #

Date:

1. CHECK-LIST

Please Tick-Mark each box against the Pre-Requisite Documents Mandatory are required below:

- ☐ Dully filled Sponsorship Application Form (SAF)
- ☐ Attested copy of the Marks Sheet of previous results, as applicable.
- ☐ Attested copy of Local/Domicile Certificate of Student/Father(Balochistan only).
- ☐ Attested copy of the Student Identity Card.
- ☐ 4 Photographs of the Student.
- ☐ Attested copy of CNIC / Smart Card / B-Form of Student.
- ☐ Attested copy of Pay-Slip OR Income Certificate of Father/Mother/ Guardian on stamp paper of Rs: 50 at least.
- ☐ Attested copy of CNIC of Father/Mother/Guardian, as applicable.

2. STUDENT PROFILE

Applicant's Name
(IN CAPITAL LETTERS)

Father's Name
(IN CAPITAL LETTERS)

Date of Birth

(DD/MM/YYYY)

CNIC/Smart Card/B-Form #

Tick Mark, CNIC ☐ Smart Crad ☐ B-Form ☐

Father/Mother/Guardian CNIC #

Tick Mark, Father ☐ Mother ☐ Guardian ☐

Gender: Male/Female/Transgender

Religion

Nationality

Province

District of Local / Domicile

Current Residence Address

Permanent Residence Address

Mailing Address

Landline Phone Number (with city code)

Student' Mobile #

Email ID

3. ALTERNATE CONTACT DETAIL

Mobile #

(please specify the name and relationship with alternate contact person)

Name

Relationship

4. DETAIL OF BANK ACCOUNT

Title of Account

Account #

Saving/Current Account

Name of Bank

Branch with Code

Address

5. PREVIOUS ACADEMIC BACKGROUND (pl. provide latest to previous education detail)

CERTIFICATE/COURSE OF STUDENTS	MAJOR SUBJECT (S)	NAME OF INSTITUTE & EXAMINATION BOARD/COMPETANT AUTHORITY	LOCATION (ALSO CITY & PROVINCE)	PERIOD IN YEARS FROM TO

6. CURRENT INSTITUTION & ACADEMIC DETAIL OF ONGOING COURSE OF STUDY

Education Level/Study Course /Degree Program: (pl. tick-mark any one, as applicable)

6th Pass 7th Class or 7th Pass 8th Class leading towards completion of Intermediate _____

OR

Intermediate Pass 1st Year of BS/BE or Equivalent Undergraduate Program of 4/5 Years _____

Name of Institute: _____

Registration/Enrollment # _____ Session _____

Morning or Evening _____ Shift timing Start _____ End _____

Major Subject _____ Science/Arts _____

Department/Faculty _____ Current Class _____ Current Class/Ongoing Semester as applicable _____

Latest passed out semester (s) _____ Year _____ Total GPA or CGPA _____

Obtained GPA or CGPA _____ Science/Arts _____ % _____

Full & Short Name of Current Institute _____

Name & Designation of the Head of Institute _____

Telephone # with city code _____ Fax # with city code _____

Mobile # _____ Email ID _____

7. UNDERTAKING BY THE STUDENT/APPLICANT

I _____ as a student/applicant, solemnly state that all information provided above are true and can be re-verified, if needed.

Sign _____ Date _____ Confirmed by the Father/Mother/Guardian, if possible also specify relationship _____

Name _____ Sign _____ Date _____

8. VERIFICATION BY THE HOSTEL WARDEN/INCHARGE

Please confirm and specify whether student is availing University Hostel Facility or Private Hostel Facility _____

If availing University Hostel Facility than kindly provide total annual cost of hostel fee plus mess charges Rs. _____

Total Annual Cost _____ (In words) _____

Name _____ Sign & Stamp _____

9. VERIFICATION & ENDORSEMENT BY THE CO-FOCAL PERSON (CFP) & FOCAL PERSON (FP)

- It is confirmed that student is maintaining his/her annual attendance _____ %, as BEEF requires **not less than 75%** annual attendance.
- It is also confirmed that student is **not availing** any other scholarship / sponsorship / fee reimbursement etc.
- Also confirmed that above student is taking active part in extra curricular /sports activities.

PARTICULARS	CO-FOCAL PERSON (CFP)	FOCAL PERSON (FP)
Name		
Designation		
Telephone Landline (with city code)		
Fax #		
Mobile #		
Email ID		
Name of Institute		

Sign with stamp by the CFP

Sign with stamp by the FP