

# BALUCHISTAN EDUCATION ENDOWMENT FUND (BEEF)

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 BALUCHISTAN SO FAR)

SAF # \_\_\_\_\_

Date: \_\_\_\_\_

### 1. CHECK-LIST

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

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

### 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

Photo

### 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)

6<sup>th</sup> Pass 7<sup>th</sup> Class or 7<sup>th</sup> Pass 8<sup>th</sup> Class leading towards completion of Intermediate \_\_\_\_\_

OR

Intermediate Pass 1<sup>st</sup> 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