University of Karachi Alumni Association (UKAA) BALTIMORE WASHINGTON METROPOLITAN AREA

P.O. Box 1522, Springfield, Virginia 22151, USA Web site: www.ukaa-dc.org

Recent

Passport size

Photograph

Deadline: March 31st, 2017

SCHOLARSHIP APPLICATION FORM 2017

(Application must be hand written in CAPITAL LETTERS)

1. Full Name: Mr. / Ms. / Mrs.				
Full Name: Mr. / Ms. / Mrs Date of Birth: (dd/ mm/ yy)3. Physical disability (if any)				
Postal Address (Karachi).				
5. Email address (must be valid):				
6. PTCL No 7. Mobile No.:				
Name of College/ Department/ University:				
Class/Year in which currently studying:				
10. Degree/ Certificate presently enrolled for:				
11. Career Goal (in about 50 – 60 words):				
13. Father's Address, Phone Number (s) and Email:	live / Deceased:			
	4			
13. Father's Address, Phone Number (s) and Email: 14. Guardian's Name:	For Office Use Only			
13. Father's Address, Phone Number (s) and Email: 14. Guardian's Name:	For Office Use Only			
13. Father's Address, Phone Number (s) and Email:				
 13. Father's Address, Phone Number (s) and Email: 14. Guardian's Name: 15. Applicant's Relationship with Guardian: 	For Office Use Only 1. Form No/			
13. Father's Address, Phone Number (s) and Email: 14. Guardian's Name: 15. Applicant's Relationship with Guardian: 16. Guardian's Address and Contact Numbers:				
13. Father's Address, Phone Number (s) and Email: 14. Guardian's Name: 15. Applicant's Relationship with Guardian: 16. Guardian's Address and Contact Numbers: Obtained Grades/ GPA/ Division with Percentages	For Office Use Only 1. Form No// 2. All certificates (Matric to onward) attached or not 3. CGPA/ Percentage:			
13. Father's Address, Phone Number (s) and Email: 14. Guardian's Name: 15. Applicant's Relationship with Guardian: 16. Guardian's Address and Contact Numbers: Obtained Grades/ GPA/ Division with Percentages 1. Matric: 2. Intermediate:	For Office Use Only 1. Form No// 2. All certificates (Matric to onward) attached or not			
13. Father's Address, Phone Number (s) and Email: 14. Guardian's Name: 15. Applicant's Relationship with Guardian: 16. Guardian's Address and Contact Numbers: Obtained Grades/ GPA/ Division with Percentages 1. Matric:	For Office Use Only 1. Form No// 2. All certificates (Matric to onward) attached or not 3. CGPA/ Percentage:			
13. Father's Address, Phone Number (s) and Email: 14. Guardian's Name: 15. Applicant's Relationship with Guardian: 16. Guardian's Address and Contact Numbers: Obtained Grades/ GPA/ Division with Percentages 1. Matric: 2. Intermediate:	For Office Use Only 1. Form No// 2. All certificates (Matric to onward) attached or not 3. CGPA/ Percentage:			
13. Father's Address, Phone Number (s) and Email: 14. Guardian's Name: 15. Applicant's Relationship with Guardian: 16. Guardian's Address and Contact Numbers: Obtained Grades/ GPA/ Division with Percentages 1. Matric: 2. Intermediate: 3. Graduation*:	For Office Use Only 1. Form No/			

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17. Profession and Monthly Income of all earning members of the household (Attach Income				
Certificates)				
Father:				
Mother:				
Brothers/ Sisters:				
18. Give the name, postal address and phone number of the employer (s) personal / family members:				
i				
ii.				
iii.				
iv.				
19. Number of Family members depending on earning person/ father/ guardian (excluding applicant):				
Brothers Sisters Others				
20. Is applicant receiving any other scholarship/ financial aid from any other national or international				
body (Provide the source and amount funded):				
If I am awarded the UKAA scholarship:				
 As and when needed, I shall forward a copy of each subsequent examination result or the relevant documents to the selection committee in Karachi. 				
 I agree that my name, photograph, class, fields of the study and educational institution may be displayed on UKAA website and / brochure. 				
Assurance: I endorse the above application.				
Father's / Guardian's Signature (or the thumb impression):Date:				
This is to certify that the applicant is a regular student and has passed all pervious examinations. Therefore, above available information in this form is true to the best of my knowledge				
Registrar /Principal/ Chairperson (Sign with seal) Date:				
• INCOMPLETE FORM / INELIGIBLE STUDENTS WILL NOT BE ENTERTAINED.				

ONE PHOTOCOPY OF THE EACH FOLLOWING DOCUMENT MUST BE ENCLOSED WITH THE APPLICATION FORM BEFORE SUBMISSION

1. CNIC.

- 2. ID Card of Institute/ College/ University.
- 3. All marks sheets from Matric to onward.
- 4. Pay-slip of Father's/ Guardian's income.
- 5. Attested Father's/ Guardian's Income certificate (if pay-slip is not available).
- 6. Undertaking provided by UKKA scholarship selection committee (attested by BPS-17 or above officials).
- 7. In case of *RENEW* applicants, proof of last UKAA Scholarship awarding letter must be enclosed.



UNIVERSITY OF KARACHI ALUMNI ASSOCIATION (UKAA)

Baltimore, Washington Metropolitan Area, USA

UNDERTAKING

I (Mr. / Ms.)	S/o / d/o	student of		
		e UKAA scholarship for the		
year funded by the	UKAA Baltimore, Washington, U	SA. I agree to undertake that		
I am fully committed to avail on	ly one (01) scholarship for my abo	ove mentioned academic year		
within the specified time of pe	eriod. If any other scholarship a	warded to me for the same		
academic year, I shall be commit	tted to return the UKAA scholarsh	ip to the selection committee		
on immediate basis neither to 1	my academic institution nor any	other irrelevant person. My		
agreement is also endorsed and	confirmed below by the Head/	Registrar/ Student's Advisor.		
Therefore, I understand that wh	enever my commitment not fulfil	ll the requirement of UKAA		
scholarships, the competent auth	ority of same scholarship has righ	t to disqualified my name for		
further award of scholarship and do precede the matter in court for refunding of awarded amount.				
Mr. / Ms. (Student)				
Signature:				
Dated:				

Registrar/ HOD/ Students' Advisor/ Gazetted Officer (BPS 17) or above Signature with Stamp & Date



UNIVERSITY OF KARACHI ALUMNI ASSOCIATION (UKAA)

Baltimore, Washington Metropolitan Area, USA

INCOME CERTIFICATE

(For private job holder, only applicable if pay-slip is not available)

(F. d. 2. / Cdi2-rema)	_S/O, D/O	bearing
(Father's / Guardian's name)		
CNIC No:	, father of(Stud	dent's name)
performing private job as(Nature	and earn Rs. (a of job)	approx.) per month
My postal Address is		
	5	·
Name of student:		*
Class :		
Seat No. :		
Faculty :		
Department /College/ University:		
I certified that the said informatio	n is corrected.	
	Name & Signatur	re:
		(Father's / Guardian's)
I certified that the above cited inf	ormation is correct.	
(Witness)	Gazetted	Officers BPS-17 and above
	(S	ign, Seal with date)