



Application for Scholarship --- Year 2026

Section A:

Applicant's Personal and Family Information

1. Applicant's Name: _____ Male ☐ Female ☐
2. Department: _____ Roll No. : _____
3. Annual Tuition Fee of Current Year: _____
4. Marital Status Single ☐ Married ☐ Divorced ☐
5. Present Address _____
6. Permanent Address: _____
7. Tel (Res.): _____ Mobile: _____ Email: _____
8. Father's Name: _____ Surname _____
 - 8.1 Status: Alive ☐ Deceased ☐
 - 8.2 Professional status: Employed ☐ Retired ☐ Business Owner ☐
 - 8.3 Name and address of Company/Employer: _____
 - 8.4 Tel (Off): _____
 - 8.5 Occupation Type: _____ Désignation & Grade (BPS/ SPS/PTC etc.): _____
 - 8.6 Monthly Income (Salary/ Pension/ Others): _____ Total Annual Income: _____

Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative):

9. Name: _____ Relationship: _____
 - 9.1 Occupation Type: _____ Désignation & Grade (BPS/ SPS/PTC etc.): _____
 - 9.2 Monthly Income (Salary/ Pension/ Others): _____ Total Annual Income: _____
10. Total Members in the Family: _____ Total Family Members currently living with you: _____

11. Total Brothers/Sisters/ studying: _____ Total Earning Members in the family: _____

12. Total Family Expenditures

Education Expenditure	Accommodation Expenditure	Utilities Expenditure	Food Expenditure	Medical Expenditure	Total Monthly Expenditure	Total Annual Expenditure

Monthly Description	Amounts in Pak Rupees
Total Monthly Income	
Total Monthly Expenditure	
Net Monthly Disposable Income	
Annual Description	Amounts in Pak Rupees
Total Annual Income	
Total Annual Expenditure	
Net Annual Disposable Income	

Section B:
Applicant Educational Record

Level of Study	Name of the Department	Roll No.	To- From Month/ yr.	Grade	%age
1 st term /1 st Year					
2nd Year					
3rd Year					

1. Have you ever been awarded any other scholarship before: Yes ☐ No ☐

(If yes fill the details of scholarships & attach documentary proof of the scholarships)

S #	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class / Level at which Scholarship was granted

2. **Statement of Purpose** (Explain your suitability for this scholarship) - attach separate sheet if required

UNDERTAKING

1. I/we hereby undertake that the information given in this application form is true and correct to the best of my/our knowledge and belief.
2. I/we further understand that any incorrect or false information given by me/us will result in the cancellation of this application form.
3. In case, any information in this application form is found incorrect or false after the grant of scholarship, the DCET Alumni reserves the right to stop further assistance forthwith and I/we will have to refund the entire amount received so far.
4. In addition to the refundable amount I/we shall also be bound to pay the penalty imposed by the competent authority

ATTACHMENTS / CHECKLIST

- | | |
|--|--------------------------|
| a. Copies of computerised NIC of Candidate | <input type="checkbox"/> |
| b. Copies of computerised NIC of Father / Guardian | <input type="checkbox"/> |
| c. Current Income Certificate / Salary Certificate of Father / Guardian | <input type="checkbox"/> |
| d. Copies of last (3) months utility (Electrical , Gas & Telephone) bills | <input type="checkbox"/> |
| e. Last Year (1 st and 2 nd term) Marks Certificate | <input type="checkbox"/> |
| f. Current Photograph | <input type="checkbox"/> |
| g. Complete Mandatory Form through given Link under Home Page of website
www.dcetalumni.org/wp | <input type="checkbox"/> |
| h. Paid copy of current year annual tuition fee | <input type="checkbox"/> |

The DCET Alumni reserves the right to use information given in this form for verification and other purposes.

Parents / Guardian Signature _____

Applicant Signature: _____

Dated: _____

Recommended and forwarded by the institution for further consideration:

Dated

Signature of Head of the Department/Institute with Stamp

For DCET Alumni committee members' use only

Interviewed on: _____

Remarks: _____
