

Medical Teaching Institution
BACHA KHAN MEDICAL COLLEGE MARDAN
APPLICATION FORM FOR SCHOLARSHIP 2023



Name of Applicant:- _____ Father Guardian Name:- _____

Class:- _____ Session _____

Father Alive/Dead:- _____

Present Address:- _____

Domicile:- _____

Contact of Father/Guardian: _____

In case if father is dead who sponsor you for your education: _____

Father Occupation:- _____

Father/Guardian/ Family Monthly income: _____

(Attach Salary Slip in case Father is Govt/Semi Govt/Autonomous body employee /In case of non salaried persons attested income certificate from Gazetted Officer)

Number of Brothers and Sisters with age.(Indicate whether studying or otherwise).

House: Owned _____ Rented _____ Other _____

Already receiving any other Scholarship (Specify) _____

For Office Use Only.

Recommendation of the Committee. _____