

23. Last Examination Passed indicating Year (Attach Copy of Marksheet)	
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24. Academic Record

Examination	Name of Board/University	Year	Marks	Grade	Percentage

25. Are you getting Scholarship from any other Source? Give detail with amount?	
26. Scholarship drawn previously from Hamdard, if any. Give details year wise.	
27. Scholarship drawn previously from Hamdard, if any, by your brother, sister. Give details year wise.	
28. Monthly income of Father/Guardian from all source (Attach Proof)	Rs.
29. No of dependents on Father/Guardian with details of School/College going children	
30. Any other relevant information	

Signature of Student Dated: _____	Signature of Father/Guardian Dated: _____
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THIS FORM SHOULD BE ATTESTED BY HEAD OF INSTITUTE WHERE STUDENT IS PRESENTLY STUDYING

I certify that the above Information is correct:

Signature		Date												
Name		Designation												
Mobile No													Address	

- N.B:
- 1. Form with incomplete/incorrect information will not be considered
 - 2. The decision of the selection committee with regard to Acceptance of Application Form and awarding of Scholarship will be final and unchallengeable.

UNDERTAKING
SHAHEED HAKIM MOHAMMED SAID MEMORIAL SCHOLARSHIP PROGRAM 2026

Student Information:

Name	
Father's Name	
Applied For	☐ Matric (SSC) Scholarship ☐ Intermediate (HSSC) Scholarship.

I, _____ S/O, D/O Mr. _____
holding CNIC No. _____ hereby declare that I have applied for the
Shaheed Hakim Mohammed Said Memorial Scholarship Program 2026.

I hereby authorize my _____ (Father/Mother/Brother/Sister),
Mr./Ms. _____, holding CNIC No. _____
to receive the scholarship amount on my behalf in his/her bank account.

Authorized Account Holder's Bank Details:

The details of the authorized account holder are provided below:

Particulars	Details
Relationship with Student	
Account Title	
Bank Name	
IBAN (24 Digits Mandatory) (As printed on the cheque)	

For Student		For Account Holder	
Name		Name	
CNIC (If available).		CNIC	
Date		Date	
Phone No		Phone No	
Signature		Signature	

Enclosures:

- Clear copy of the Authorized Account Holder's CNIC.
- Clear copy of the Authorized Account Holder's cancelled cheque showing the IBAN.