

English Access Scholarship Program, Mirpur University of Science & Technology

STUDENTS REGISTRATION FORM

Program Duration: 18 Mon	ths			
Program Days: Tuesday, W	Paste 2 recent			
Program Venue: MUST, Cit	Program Venue: MUST, City Campus			
Full Name (in block letters):			(White or Blue	
Father Name (in block letters):			background)	
Date of Birth (MM/DD/YYYY):	_//	Gender:	(Male/Female)	
Residential Address:				
Permanent Address:				
Contact Numbers: Mobile:		Other:		
E-mail Address: CNIC/Form B #:				
Class Presently Studying:				
Name of Your School /College:				
Address of School:				
Phone Number:				
Do you have computer at school?	YES NO	Do you have laptop at home?	YES NO	
Do you have access to internet?	YES NO	Do you have smartphone?	YES NO	
Do you participate in extracurricular ad	ctivities at schoo	l/college? YES NO		
If yes, which ones?				
List your hobbies and interests:				

Name of Institute (in case the parent/ guardian is a government or private employee):

Parent / Guardian Occupation:

Guardian's Relation to Student:		
Contact Numbers of Parent/ Guardian: Mobile:	Other:	
Parent/ Guardian's Monthly Income: Rs		
Number of Dependent Family Members:		
Are you currently availing any other scholarship? YES	NO	
If YES, which one?		
Have you been registered in any English language course?	YES	NO
If YES, give details:		
Do you go for any tuition after school? YES NO		

Declaration:

I hereby declare that the information given above is correct and to the best of my knowledge. I shall abide by the terms and conditions for sanction of this scholarship, and I undertake, that if at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false or if I violate the terms and conditions of the program, the scholarship sanctioned to me, may be cancelled.

Date:

Signature of the Candidate:

Declaration of Parent / Guardian:

Ι	_ (Father/Guardian) of	who is		
studying in	hereby conser	nt that my child/ward shall be enrolled in		
English Access scholarship Program, M	Airpur University of Scien	nce and Technology, and solemnly declare		
that my monthly income from all so	urces is Rs	If at any stage, it is found that this		
information is false/not true, all benefits given to the student under Access program could be withdrawn				
and legal action as deemed fit, may be	taken against me or my	ward.		

Date:

Signature of Parent / Guardian:

Please make sure that you have attached the following documents:

- 1. 2 passport sized photos
- 2. Copy of CNIC/ Birth certificate/ NADRA Form B
- 3. Father/Guardian's salary slip (if employee), or income certificate (if not an employee)
- 4. Father/Guardian's CNIC copy
- 5. Certificate from head of the school/college where the student is presently enrolled.