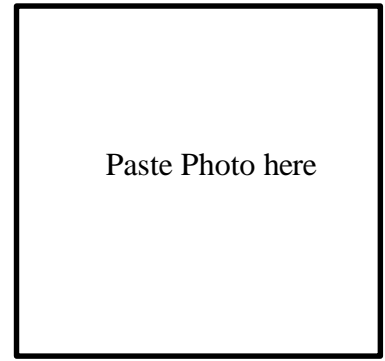


APPLICATION FORM FOR KEMCAANA UNDERGRADUATE SCHOLARSHIP PROGRAM
FOR KING EDWARD MEDICAL UNIVERSITY MBBS STUDENTS



Date: _____

1. Your Full Name					
2. First Name				Gender:	
3. Last Name					
4. Middle Name					
5. Name of College you passed FSc. from		Year of FSc.		Scores in Fsc.	
6. Current class		Roll #		Expected MBBS year	
7. Last annual exam		Result/scores			
8. Date of Birth					
9. Pakistan ID#					
10. Applicant's Email					
11. Bank Name/Account#					
12. Present address in Pakistan					
13.. Father's name					
14. Father's occupation			Mother's occupation		
15. Father's contact details/mobile#			Student's Mobile#		
16. Number of siblings/dependents					

Name	
17. Number of earning members	
18. Family's total annual income	
19. Please list all scholarships that you are receiving at Present	
20. Acknowledgement	<input type="checkbox"/> I give Halfia Bayaan that above information is true
21. Pledge	<p>I hereby pledge that in my lifetime, I will try to assist financially a deserving KEMU student.</p> <p>Note: The above information is subject to verification. Any intentional misstatement will make the applicant ineligible from these scholarships and any future assistance from KEMCAANA.</p> <p>Signature: _____ Date: _____</p>
<p>22. Special circumstances/Justify your Needs:</p> <p>Use a Separate Paper if more Space is needed</p>	

Name:

23. I certify that the above information is correct. I understand that this application is no guarantee that scholarship will be awarded. I also understand that if scholarship is approved, it may be cancelled anytime, or only partial funds may be awarded. If it is determined that the scholarship was obtained unfairly, it will be cancelled immediately. I also understand that incomplete applications or applications with incomplete documents may be rejected. Please see complete list of documents required on page 4 of the application. I hold harmless KEMCAANA or any of its office holders including scholarship committee from any harm that may result from such action

Signature: _____ Date: _____

Name: _____

Below is the list of documents which is necessary for applying scholarship.

1. Filled application form.
2. One-page comprehensive financial statement should contain all of your earning family member's monthly / annual income detail.
3. Copy of previous exams results.
4. Copies of CNIC/B-Form of application and parents/ guardian.
5. Copy of utility Bills (Electricity, Gas, Phone & Water).
6. Bank account complete details (bank name, AC# with Branch code).
7. Paste one passport size photograph on application form.
8. If you are already getting any other scholarship, provide the details (scholarship name, amount scholarship per month, duration of scholarship).
9. Attested copies of all documents must be submitted together.
10. Only complete applications will be processed.
11. Incomplete applications cannot be entertained. It is your responsibility to see the application is complete, legible, and presentable (some applications come in very poor shape).
12. You will not be notified of incomplete items as we don't have the manpower to point out omissions.
13. Keep a copy of this application for your records.
14. All this information is subject to verification

Application submission:

1. Please submit print copy of application form along with above required documents to Main KEMCAANA Computer Lab, Physiology Block, King Edward Medical University **before 20.05.2026.**

Also email scanned copy of all documents (PDF file) to scholarship@kemcaana.org

Application received date: _____