

Application for Wards of Farmers Merit Scholarship - 2019

Name of the Applicant: _____

CNIC Number: (Copy to be attached) _____

Father's/Guardian's Name: _____

Father's Guardian's CNIC: (Copy to be attached) _____

Contact _ Number:

Cell: _____ Land Line: _____

Email: _____

Postal Address: _____

Income (per month): _____ Holding of Land: _____ acres.

Type of Land: (To be verified and stamped by Land / Revenue Officer)

(Barani)

(Otherwise)

Land/Revenue Officer
Verification

INSTITUTE INFORMATION

Name of the Institution: _____

Postal Address of the Institute: _____

Institute's Telephone Number: _____

Department: _____ Course: _____

Duration of Course: _____ (Year/Semester/Six Monthly Terms)

Current Semester: _____ Total Semester: _____

Total Fees (per year) (PKR): _____

RECENT PERFORMANCE

<u>Sr. No.</u>	<u>Program</u>	<u>Year</u>	<u>Total Marks</u>	<u>Obtained Marks</u>
1	SSC			
2	HSSC			
3	Bachelors			

***Photocopies of the mark sheets are to be attached.**

Student Declaration:

I, _____, Student of _____ am applying for FFC's Wards of Farmers Merit Scholarship and I have read, understood and agree with the terms and conditions of the Scholarship Program. The above information is true to my Knowledge.

Applicant's Signature

Principal's/Head of Department's Declaration

I, _____, CNIC # _____ certify that the applicant is a student of _____, she/he is not availing any other scholarship program and the information provided is true to the best of my Knowledge.

Stamp

Signature

(FFC USE ONLY)

APPROVED	REJECTED
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TERMS AND CONDITION:

a. The scholarship will be terminated if the student

- 1) Fails in promotional exams
- 2) Is involved in any criminal or political activity
- 3) Fails to communicate with FFC for more than one year.
- 4) Is availing any other scholarship program simultaneously.

Sona “Wards of Farmer” Scholarship

Oath Form – Guardian/Parents

Sona Wards of Farmer Scholarship is an initiative by Fauji Fertilizer Company Limited, the manufactures of Pakistan Premier Fertilizer Brand “Sona Urea” through its NPO Sona Welfare Foundation. The program is only intended for the children of farmers, who are exclusively associated with agriculture and are financially deserving.

I, _____ S/O _____ bearing CNIC _____

With permanent address _____

_____. Hereby confirm that I am a farmer and my source of earning is primarily agriculture.