KHYBER COMPUTER & VOCATIONAL COLLEGE SWAT

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Email: kcvcswat693@gmail.com

MERIT BASED SCHOLARSHIP APPLICATION FORM

Session: _____

Date: _____

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1. PERSONAL INFORMATION

Full Name: _____

Father's Name: _____

Gender: □ Male □ Female

Date of Birth: _____ **CNIC / B-Form No.:** _____

Contact No.: _____ **Email (if any):** _____

Address: _____

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2. ACADEMIC INFORMATION

Program / Course Enrolled: _____

Roll No.: _____

Class / Semester: _____

Previous Academic Result: _____

Attendance Percentage: _____

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6. STUDENT DECLARATION

I hereby declare that all the information provided above is true and correct to the best of my knowledge. I understand that any false information may result in cancellation of the scholarship.

Signature of Applicant: _____

Date: _____

7. FOR OFFICE USE ONLY

Verified by: (1)_____   **Verified by: (2)** _____

Designation: _____   **Designation:** _____

Remarks: _____   **Remarks:** _____

Approved / Not Approved: □ Approved □ Not Approved

Principal's Signature: _____

Date: _____

Remarks _____

_____

_____