



UNIVERSITY OF BALTISTAN, SKARDU
Application Form for Kinship Scholarship

Applicant Information

Full Name: -----
CNIC No: -----Registration No: -----
Current Program of Study: -----CGPA: -----
Address: -----
Phone Number: -----
Email Address: -----

Parent/Guardian Information

Father's Name: -----Father CNIC-----
Mother's Name: -----Mother CNIC-----
Occupation of Father/Guardian: -----
Parent/Guardian Monthly Income: -----
Employer Name:-----
Address: :-----
Phone Number: -----

Sibling Information:

Please list all siblings currently enrolled as undergraduate students at UoBS (including yourself):

S.No	Sibling Name	Registration Number	Program of Study	CGPA
1				
2				
3				
4				

Declaration

I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that misrepresentation of information may result in disqualification from the Kinship Scholarship and potential ineligibility for other financial aid opportunities at the University of Baltistan, Skardu.

Applicant Signature: _____ Date: _____