

APPLICATION FOR MONTHLY SCHOLARSHIP UNDER TALENT SUPPORT PROGRAMME EDUCATION EMPLOYEES FOUNDATION KHYBER PAKHTUNKHWA

1- Name of Student:	2- Father Name;
3- Education's Employee: Mother – Fathe	er (Please Circle) 4 - Contact Number:
5- Permanent Address:	
6- Mailing Address:	
7- Name of Institution Last Attended:	
8- Name of Board Where Student appear	red: 9- FA/FSc Roll No
10- Year of Passing:	11- Total Marks:
12- Marks Obtained in FA/FSc Examinati	ion: 13- Over All Position in Board:
14- Present Institution/University address	3:
15- Date of Admission	16- Duration of Study :
17- Current Class:1	18- Class ID/Roll No
19- Bank Account No	Branch Name Branch Code
	Student's Signature
20- Name of Education Employee:	21- Father Name:
22- EEF Registration No:	23- CNIC No
24-Designation	25- BPS
26- In-service /Retired/deceased	27- Relation with student:
28- Present Place of Posting:	
29- Mailing Address:	
	Education Employee's Signature
I hereby certify that Mr./Ms	S/o,D/o
	in BPS
	and he/she is permanent subscriber of EEF.
	District Constitution
	Director / DEO /Principal

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I hereby certify that Mr./Miss	S/o, D/o
	e/She appeared in the Inter Examination under Roll
No held on H	e/She obtained marks out of
marks. He/She got position	in overall in the Board.
	Head/Principal of the last attended Institute
I hereby certify that Mr./Miss	S/o, D/o
is a regular student of this institution. He	/She was admitted on
in Class/Semester	under Roll No The total duration of
his/her study in this institute is	years.
	Head/Principal of the current
	Institute
I hereby certify that Mr./Miss	S/o, D/o
obtained marks out of	in the Inter Annual Examination
held on He/She got	position as overall through out the said
Board's examination,	
1	
	Chairman Board/Controller of Evamination