NED UNVERSITY OF ENGINEERING & TECHNOLOGY

Department of Students Affairs







DSA No. /968/102434

Dated: 17-11-2025

HEC -Need Based Scholarship Programme 2025-26

Attention First to Final Year Students for HEC Need Based Scholarship Programme 2025-2026.

HEC-NBS Token are available on 19-11-2025 & 20-11-2025

HEC-NBS Fresh Application Form Submission from 21-11-2025 to 01-12-2025

ALL THE DESERVING STUDENTS FACING FINANCIAL CONSTRAINTS ARE WELCOME TO AVAIL THIS GOLDEN OPPORTUNITY.

HEC- Need Based Scholarships (HEC- Need Based) are available on Need-cum-Merit Basis with limited slots on Appointment basis. Tokens with appointment (date & time) for filing application is scheduled on 19-11-2025 & 20-11-2025 from 09:30 am to 01:00 pm at Students Affairs Department office adjacent to NED Stationary Shop. First to Final Year Student of Engineering/ BS & Architecture Programme are eligible.

Candidates are required to produce and submit Copy of University Identity Card for getting tokens and register themselves.

- Students are invited to fill prescribed scholarship application form (read the instruction in the form) comprising of 10 pages that required great deal of information which should be completed in all respects while submission by the candidates.
- Every student will be awarded/ Paid Actual University / Tuition Fee along with Rs. 6000/- stipend per month (for 10 months).
- Incomplete form will not be entertained.
- Prescribed form can be obtained from Students' Portal, NED Website or HEC Website.
- Department of Students Affairs will make all possible efforts to assist the students in filling the form.
- The applications form will be received **for Fresh Cases from 21-11-2025 to 01-12-2025**. To ease and speed up the process of scholarship, it is advised to strictly follow the date, time and window mentioned on the token for submitting the applications.
- Interesting students may submit the application forms along-with relevant documents in a proper file mentioning the student's Name, Class, Discipline, Roll No. Batch and Contact / Cell Number in the file title.
- Following students are **NOT ELIGIBLE** for HEC Need Based Scholarship Programme:
 - i. Students availing scholarship from other sources.
 - ii. Admitted under Self Finance category.
 - iii. Not maintaining good academic record.

Controller Students Affairs

$HEC\ Application\ Form\ Submission\ Schedule$

Token No.	Date	Room No.	Timing
1 to 20	21-11-2025	Room No. 1	10:00 am to 12:00 noon
21 to 40	21-11-2025	Room No. 1	02:00 pm to 04:00 pm
41 to 60	21-11-2025	Room No. 3	10:00 am to 12:00 noon
61 to 80	24-11-2025	Room No. 1	10:00 am to 12:00 noon
81 to 100	24-11-2025	Room No. 1	02:00 pm to 04:00 pm
101 to 120	24-11-2025	Room No. 3	10:00 am to 12:00 noon
121 to 140	25-11-2025	Room No. 1	10:00 am to 12:00 noon
141 to 160	25-11-2025	Room No. 1	02:00 pm to 04:00 pm
161 to 180	25-11-2025	Room No. 3	10:00 am to 12:00 noon
181 to 200	26-11-2025	Room No. 1	10:00 am to 12:00 noon
201 to 220	26-11-2025	Room No. 1	02:00 pm to 04:00 pm
221 to 240	26-11-2025	Room No. 3	10:00 am to 12:00 noon



Nan	ne of the Unive	ersity:					
Deg	ree Title / Prog	gram:					
	1. Applicant's	s Name:			Gender	:: Male	Female
	2. Applicant N NIC No.	ADRA		-			-
	3. Marital Status Single Married Divorced 4. Age: Domicile						
	5. Present Add	dress					<u> </u>
1	Designation	n:	No. 8 complete t No. 8 complete t Nam Gross Income in I	e of Employer	/Company:		
	* Take Ho 11. Tel (Res.): _	me Income: Sala	Take Home Incom ary / Pay available aft Mobile:	er deduction of taxe	es, provident fund	charges etc.	
S		ily Member (s)	rently living with Relationship			Remarks**	_
]	1						
2	2						
3	3						
	5						
(
	13. Details of Family Members Earning (<i>Take extra sheet if required</i>):						
S #	Family Member Name	Relationship	Family Member occupation (Specify)	Organization Name	Designation	Monthly Gross Pay/Earning	Remarks
1							
3							
4							
ļ					1		1



15. Brothers/Sisters/Children/Family	Members studying
Diodicio, Sisters, Children, i anni y	

C #	Nome	Relation	Name & Address of Institute	Foo mon month			
S #	Name	with	Name & Address of Institute	Fee per month			
1		applicant					
2							
3							
4							
5							
6							
15A	15A Total Fees & Tuition Charges						
	Father's Nam	ne:	Computerized N.I.C. No				
17.	Status: Alive	Dec	eased				
		<u> </u>	d Retired Business Owner	\neg			
			<u> </u>				
20	. Tel (Off):		Mobile:				
21	. Occupation Ty	ype:	NTN				
22	. Designation &	Grade (BPS/	SPS/PTC etc):Gross Monthly Inc	come:			
23	23. Total Net Monthly Take Home Income (Salary/ Pension/ Others):						
	Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian):						
25.	25. Name: Relationship:						
26	26. Occupation and Designation						
	27. Monthly Financial Support Available to Applicant in Pak Rs.						
	20 A ggot Income (on monthly bosis)						

28. Asset Income (on monthly basis)

	200 118800 111001110 (Oil Informity Gusts)						
S #	Income Source	Father	Mother	Spouse	Self	Other	Total
1	Property Rent						
2	Land Lease						
3	Bank Deposits*						
4	Shares / Securities*						
5	Other (Specify)						
28A	Total						



30B

Total Accommodation Rental Expenditure

29. Total Family Monthly Income

49	. Total Failing Month	ly income			
S #	Family Member Name	Relationship	Monthly Incom		Monthly Net (Take home)
1					Pay/Earning
2					
3					
4					
5	Applicant Monthly Gross	s Pay/Earning			
6	Applicant Monthly Net (Take home) Pay			
29-A	Total Monthly Incom	e in Pak Rupees			
29-B	Total Annual Income	in Pak Rupees			
30	FAMILY EXPENDIT	TURES			<u>, </u>
30	A. Accommodation Ex	_	stancest /Elet		
	Type: Bungalow Status: Rented		tment /Flat	Town House Employ	Village House Ver / Govt Owned
	Rent Payment: S		or Family owned Employer/Govt		Others
	House Plot Size in			vered Area in Sq. ft	
S #	Accommodation Location / Address	Number Of Bed Rooms	Number Of Air conditioners	Accommodation Monthly Rent	Accommodation Annual Rent
		1-2	1-2		

Any other house/flat owned by the Parents/Guardian	(if yes please specify with location
and size)_	



31	Utilities	Evnend	litures
31.	Ummues	EXPERIC	munes

Last Month Utilities Paid				
Telephone	Electricity	Gas	Water	

32. Medical Expenditures: Average of last six months (Per Month Expenditure)

Total Family Expenditures

	Education	Accommodation	Utilities	Medical	Misc.	Total Monthly	Total Annual
S #	Expenditure	Expenditure	Expenditure	Expenditure	Expenditure	Expenditure	Expenditure
33							

S #	Description	Amounts in Pak Rupees
(Sec.29A)	Total Monthly Income	
(Sec. 33)	Total Monthly Expenditure	
34 (29.A – 33A)	Net Monthly Disposable Income*	

S #	Description	Amounts in Pak Rupees
(Sec.29B)	Total Annual Income	
(Sec. 33)	Total Annual Expenditure	
35	Net Annual Disposable Income*	
(29.B - 33.B)	-	

* If the monthly / Annual Disposable Income is negative, kindly explain the reasons for the gap, and					
the arrangements through which the differential gap is met by the family					
Assets (with current market value)					
36. Does the family own any Transport? Yes No					
If yes kindly fill the relevant details					

S #	Transport Type (Car/ Motor cycle/ Others*)	Make /Model	Engine Capacity (CC)	Registration No.	Ownership Period
1					
2					

^{*} Others: include tractor, rickshaw, bi-cycle, motorcycle rickshaw, carriage pick, truck etc.



		of Cattle(s)			owned _							
	Assets Tit		Qty			Location (Address)			Cultivable Area		Agricultural Yield per Acre	
Reside	ential											ACIC
Comm	nercial											
Agricu	ultural			1								
Emplo	oyer/Govt	Scheme										
39.	Assets wo	orth (Curre	nt Marke	et Value in	n Pak. F	Rs.)						
S#	As	ssets Title		Father	Moth	her	Spouse	Se	elf	Guard	ian	Total
1	House						_					
2	Business											
3	Land & E	Building										
-	Bank Bal	ance										
5	Stocks/Pr	rize bond										
6	Others/ C	Cattle(s)										
40.	Total											
* Fami (Specif	lly/ Friend fy details o Any sourc	ten for App Loan of loan take ce of finance	en and re	elationship	o with the	se sp	pecify)	end)				
	plicants e	ducationa Nan	me and L	Location of	of	Pe	r Month	То- Е	rom	Divis		%age /
	•		Instit	tute			Fee	mont	h/ yr.	GP.	A /	CGPA
	chelors									<u> </u>		
	mediate									<u> </u>		
Seco	ondary	1					I					



45.	Per month fee/ tuiti	on charges of the i	nstitution last at	tended	
46	. Have you ever got a	any other Scholars	hips: Yes	_No	_
(If ye	s fill the details of sch	olarships & attach	documentary prod	of of the scholarsh	nips)
S#	Name of Institute	Scholarship Name	Total Scholarship Amount	Total Scholarship Period	Class / Level at which Scholarship was granted
1					
2					
Staten	nent of Purpose (Exp	blain your suitability	y for this scholars	hip) - attach sepa	rate sheet if required
	CRTAKING	is application are true	to the best of my k	nowledge and Lunde	erstand that any incorrect
info	ormation will result in th	e cancellation of this a of financial assistance, t	application. If any is	nformation given in further assistance ar	this application is found and the student will have to
	C reserves the right to use		•		i.
Data: D	arents / Guardian Signatur	79	Applicant Sic	nature:	
	fficial use only	e	Applicant sig	mature.	
	e applicant document	s in order?Yes		- No	
Applic	cation Case Review D	eates (i)	(ii)		
Additi	onal Remarks				
Date	De	partment Name	Signati	ure Head of Depa	rtment / Focal Person

HEC-NEED BASED SCHOLARSHIP 2025-26

Degree and Department:
Semester:
Student Name:
Father Name:
Regd. No
CNIC.No
E-mail:
Contact No
Address:
Name of Last Institute:
Per Month Fee of LastInstitue:
Hostel / DayScholar:
Marital Status of Candidate: Single /Married:
Father Status: Alive / Deceased:
Profession of the Father / Guardian:
No. of family members who are not working:
No. of family members studying:
No. of family members who are not earning:
No. of earning hand family members:
Father /Guardian (Salary/Pension/Business/Labourer/Shopkeeper:
Mother Income per month:
Income from Land:
Income from any other sources:

Total Monthly Income:
Total Annual Income:
Average per month Gas Bill (put average of last six months):
Average per month Electricity Bill (put average of last sixmonths):
Average per month Water Bill (put average of last six months):
Average per month Telephone Bill (put average of last six months):
Total Per Month Utility Bills:
Per Month Education Expenditures of the family:
Per Month food/Kitchen Expenditures of the family:
Per Month Medical Expenditures of the family:
Other Misc Expenditures:
Total Monthly Expenditure of the family:
Total Annual Expenditures of the family:
Type of the Vehicle (Car/Motorcycle/others):
Make & Model of the Vehicle:
Size of House:
Market Value of the House:
Mentioned the Size of Land/Plot:
Market Value of the Land/Plot:
Accommodation (Own/Rented):
Type of Accommodation (Rural/Urban):
Current Bank Balance:
Other Misc Assets/Cattle's:

HEC NEEDS BASED SCHOLARSHIP APPLICATION FORM 2025-26

Scholarship is based on assessment of need and merit as well as availability of funds. Selection will be decided on the basis of information provided in this form and investigations for the authentication of provided information. Candidate may be required to appear for interview (s).

PROVIDING FALSE INFORMATION

Providing false information may result in one or all of the following:

- Cancellation of admission.
- Rustication from the university.
- Initiation of criminal proceedings.
- Disqualification for award of any future loan/scholarship.
- Refund of all the payment received and or a penalty equal to total scholarship amount.

INSTRUCTIONS FOR FILLING OUT THE SCHOLARSHIP APPLICATION FORM:

- \checkmark Fill in the form using black ball point pen and write in capital letters
- ✓ Read the application form carefully.
- ✓ Make a photocopy of the application form
- ✓ Complete the photocopy form and make sure everything is correct and final
- ✓ Copy all information from photocopied form to the original form
- ✓ Submit duly completed application form to the admission office or focal person
- \checkmark Furnish factual, comprehensive and authentic information in the form
- \checkmark For family financial reporting parents/guardian may be consulted for guidance
- **✓** Whenever in doubt or lost, seek help from the Focal Person
- ✓ Ensure that you have attached all the required documents by putting a tick mark in checklist
- ✓ Answer all questions. Those not applicable should be marked "N/A"
- ✓ Affidavit Needs to be submitted after final selection of the candidate

Application Form Check List

SN	Description	Tick the relevant
1	Copies of computerized NIC of	
	Father	
	Mother	同
	Guardian and Dependents	
2	Salary Certificate of	
	Father	
	Mother	
	Guardian	
3	Copies of last month utility bills	
	Electricity	
	Gas	
	Telephone	
	Water	
4	Attested copy of rent agreement (if applicable)	
5	Copies of last & latest fee receipts of self and siblings *	
6	Copies of Medical bills/ expenditure related documents (if applicable)	
7	Copies of pervious scholarship(s) attained (if applicable)	
8	Latest Marks Certificate / Marks Sheet / Transcript	
9	University ID Card (copy)	
10	Statement of Purpose	
*Tic	k the Section When Completed	
I	Section A: Personal and family information	
II	Section B: Cumulative information of Self, Parents & Guardian	
Ш	Section C: Financial arrangements for current year	
IV	Section D: Educational Record	
DO':	<u>s:</u>	
	Submit application form by hand to the Department of Student Affairs /S	tudent
	T' ' 1 4 ' 1 0 CC'	

- Financial Aid Office.
- Place documents in right order as per above sections (1 to 10)
- Put all amounts in Pak Rs.
- Do consult with parent(s)/guardian(s) for financial data accuracy & reliability
- For the information not present/relevant write in capital letters N/A

DO NOT:

- Provide False/vague/ incomplete information.
- Overwrite/ scratch on the form. Send scholarship application form directly to HEC

Declaration

HEC Need Based Scholarship Programme

Ι	S/o / D/o	bearing Roll No	of
	year Department of	batch	_ solemnly
hereby decla	ared that the facts and figures entered in the applicati	ion form of HEC Need Based	Scholarship
are correct to	o the best of my knowledge.		
I fur	ther state that if there is any variation / changes in	the monthly income of father	r / guardian
will be con	nmunicated / informed to Department of Studen	nt Affairs immediately (for	renewal of
scholarship)	. In case the same is not intimated disciplinary action	on will be initiated accordingly	y.
		Signature of	f Applicant