

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

	2- Father Name:_	
3- Education's Employee: Mother – F	-ather (Please Circle) 4 - Contact Number: _	
5- Permanent Address:		
6- Mailing Address:		
7- Name of Institution Last Attended:		
8- Name of Board Where Student ap	peared: 9- FA/F	Sc Roll No
10- Year of Passing:	11- Total Marks:	
12- Marks Obtained in FA/FSc Exam	nination: 13- Over All Position	in Board:
14- Present Institution/University add	dress:	
15- Date of Admission	16- Duration of Study :	
17- Current Class:	18- Class ID/Roll No	
19- Bank Account No	Branch Name	Branch Code
	Student's S	ignature
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:		mployee's Signature
29- Mailing Address:  I hereby certify that Mr./Ms	Education En	mployee's Signature

**Director / DEO /Principal** 

I hereby certify that Mr./Miss	S/o, D/o
	He/She appeared in the Inter Examination under Roll
No held on	He/She obtained marks out of
marks. He/She got position	on 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. H	le/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
L boroby cortify that Mr /Mica	S/o D/o
Thereby certify that wir./wiiss	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.	
	Chairman Board/Controller of Examination