

**PLEASE ATTACHED THE FOLLOWING DOCUMENTS (COPIES)**

1. LAST ANNUAL MARKSHEET/ REPORT CARD OF THE STUDENT
2. LAST PAID FEES CARD/ RECEIPT OF THE STUDENT
3. B-FORM OF STUDENT
4. CNIC CARD OF FATHER AND MOTHER BOTH
5. DA MEMEBERSHIP CARD OF FATHER (IN CASE OF REGISTERED MEMEBR)  
OR  
DA MEMBERSHIP CARD OF D/D FATHER AND BROTHOR (IN CASE OF DAUGHTER OF DHORAJI)  
OR  
NIKKAH NAMA
6. MARRIAGE CERTIFICATE
7. CENSUS FORM
8. BANK DETAILS (CHQ COPY)
9. FATHER JAMAT CARD & N.O.C REQUIRED (IN CASE OF D/D)

**IMPORTANT INSTRUCTION**

1. PLEASE ENSURE ALL REQUIRED INFORMATION IS PROVIDED
2. PARENTS MUST ACCOMPANY THE STUDENT INTERVIEW
3. DECLARATION MUST BE READ

**DECLARATION**

I Here confirm that I have accurately provided all necessary information on this education scholarship form, including my bank details and understand that the responsibility for the accuracy and security of this information lies with me.

\_\_\_\_\_  
SIGNATURE OF PARENTS





# DHORAJI ASSOCIATION

STR NO.

Address: C-61, Adjacent to V.M Public School, Karachi  
Contact Number: 021-34932744, 021-3493235

[www.fh.com/dhorajiasociationofficial](http://www.fh.com/dhorajiasociationofficial)

## PRIMARY/SECONDARY EDUCATION SCHOLARSHIP FORM 2023-2025

DAUGHTER OF DHOAJI (D/D) <input type="checkbox"/>		OR	DHORAJI (R/M) <input type="checkbox"/>	
Student Name :	<input type="text"/>			GENDER: FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
Date Of Birth:	DD <input type="text"/>	MM <input type="text"/>	YYYY <input type="text"/>	Surname: <input type="text"/> Age: <input type="text"/>
Address:	<input type="text"/>			
Father Name:	<input type="text"/>	CNIC#:	<input type="text"/>	
Mobile NO.	<input type="text"/>	(Enter Father Mobile NO. 03XXXXXXXXXX)	DA CARD NO:	<input type="text"/>
Mother Name:	<input type="text"/>	CNIC#:	<input type="text"/>	
Mobile NO.	<input type="text"/>	(Enter Mother Mobile NO. 03XXXXXXXXXX)	DA CARD NO: IN CASE (D/D)	<input type="text"/> (Father)
School Name:	<input type="text"/>	CLASS:	<input type="text"/>	Monthly Fee: <input type="text"/>
School Address:	<input type="text"/>	Per% Ach:	<input type="text"/>	Position Ach: <input type="text"/>
School Bank A/C NO.	<input type="text"/>	Principal Name:	<input type="text"/>	
Bank Name :	<input type="text"/>	Title Of A/C:	<input type="text"/>	Branch Name: <input type="text"/>
Parents Bank A/C NO.	(Provide IBAN Number) <input type="text"/>		Parents Bank Name :	<input type="text"/>
Parents Title Of A/C:	<input type="text"/>	Branch Name:	<input type="text"/>	Census NO. <input type="text"/>

### FOR OFFICE USE ONLY

Application Received By:	<input type="text"/>	Date:	<input type="text"/>
Convenor Signature:	<input type="text"/>	Fees Approved :	Rs. <input type="text"/> Per Month <input type="text"/>
W.E.F. Month:	<input type="text"/>	Remarks (IF ANY)	<input type="text"/>
Scholarship on A/C:	<input type="text"/>		