



2015 E.C scholarship application form

Name

Father's name

Grad father's name

Sex: Male Female

Undergraduate cumulative GPA _____

Do you have disability/ies: Yes No (if yes, attach medical evidence)

Name of the Masters Program to Apply for: _____

Faculty /College /School/Institute/ of the Program: _____

Are you jobless? Yes No (if yes, attach an evidence)

Declaration

I certify that all the above information given is true, complete and accurate to the best of my knowledge. In case any information given in this application proves to be false or incorrect or misleading, I shall be responsible for the consequences.

Date _____ Applicant's Signat

