**FATA University, Darra Adam Khel F.R Kohat**

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| **English Access Microscholarship Program 2021 – 2023 (For Girls)** |
| **Admission Form** |

Please complete this form using BLOCK letters. Tick box where required.

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| **Applicant's Details** | | | | | | | | | | | |
| First Name: | |  | | Last Name: | | |  | | | | |
| Father’s Name: | |  | | Father/Guardian CNIC: | | |  | | | | |
| Permanent Home Address: | | | | | | | | | | | |
| Current Mailing Address: (if Different) | | | | | | | | | | | |
| Phone No. | Mobile No:  Mark the preffered Mobile Network for Online Classes which work in your area: Ònce Network selected should not be changed.  Telenor  Ufone  Jazz  Zong | | | | | | | | Father/Guardian Mobile No: | | |
| Date of Birth: | |  | Age on 16th, December 2021: Years \_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_ | | | | | | | | |
| Email ID: | | | | | | | | | | | |
| **School/College Details** | | | | | | | | | | | |
| Name of School/College attended (Last 2 years) | | | | | | **Town/City** | | **From**  **(Date)** | | | **To**  **(Date)** |
|  | | | | | |  | |  | | |  |
|  | | | | | |  | |  | | |  |
| Current School/College Address: | | | | | | Currently studying in (class): | | | | | |
| **Parents' Socio-economic Profile** | | | | | | | | | | | |
| Father/Guardian Occupation: | |  | | | Monthly Income: | | | | |  | |
| No. of family members: | |  | | | | | | | | | |

**Note: Please attach the attested copies of the following documents.**

* Applicant Picture (02)
* Form-B/Birth Certificate
* Father’s/Guardian CNIC copy

**Bonafide Certificate (to be filled by the head of institute (School /College)):**

It is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ S/D/o\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is a regular student of (school/college name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in class\_\_\_\_\_\_\_\_\_\_\_\_ and the monthly income mentioned in the form is accurate according to my information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature with stamp

Head of School/College

**Acceptance of Terms & Conditions for Enrollment:**

I certify to the best of my knowledge that the information given on this form is true, complete and accurate. I give my consent to the processing of my data by FATA University, the provider of Access Program. I understand that my level of English will be tested for placement. I accept that, while I am enrolled, I have to abide by all the rules and regulations set by the provider. I will be responsible for all teaching and classroom items including library items borrowed on my card and pay any charges connected with overdue, lost or damaged materials. I understand and accept that the Access Program will be null and void for me if I:

1. Verbally or physically harass or abuse my peers and staff of the institution.
2. Willfully destroy any objects or equipment belonging to the institution.
3. Reject to participate in activities that are part of the program.
4. Cause damage or defame the program or institutions involved.
5. Become involved in any activity that is against the program, university, country, or social and cultural norms.

I understand that continuation of my scholarship to the next semester is conditioned with my 70% scores in learning assessment and 80% attendance in each quarter. If I do not comply with these requirements, the provider has the right to cancel my enrollment and I shall have no right against the provider in relation thereto. I also consent here that the sponsoring and provider institutions to use my images, recorded voices or to release publish or quote such material in including my bio for public information. I also have no objection on any study tour or outdoor activity as part of the projct.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Coordinator/Manager Remarks : (Approved/ Rejected) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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