



**REGIONAL
ENGLISH
LANGUAGE
OFFICE**



U.S. Consulate General Peshawar

English Access Microscholarship Program



U.S. Embassy, Islamabad

English Access Microscholarship Program, University of Malakand

access@uom.edu.pk

www.uom.edu.pk

Access Students Registration Form

Program Duration: October 2023 – May 2025 (20 Months)

Program Timings: Thursday and Friday (2:00-4:00 PM, After School)

Program Venue: University of Malakand

Paste 2 recent
passport size
photo here
(White or Blue
background)

Full Name (in block letters): _____

Father Name (in block letters): _____

Date of Birth (MM/DD/YYYY): ____ / ____ / ____ Gender: _____ (Male/Female)

Residential Address: _____

Permanent Address: _____

Contact Numbers: Mobile: _____ Other: _____

E-mail Address: _____ CNIC/Form B #: _____

Class Presently Studying: _____

Name of Your School /College: _____

Address of School: _____

Phone Number: _____

Do you have computer at school? YES NO Do you have laptop at home? YES NO

Do you have access to internet? YES NO Do you have smartphone? YES NO

Do you participate in extracurricular activities at school/college? YES NO

If yes, which ones? _____

List your hobbies and interests: _____

Parent / Guardian Occupation: _____

Name of Institute (in case the parent/ guardian is a government or private employee):

Guardian's Relation to student: _____

Contact Numbers of Parent/ Guardian: Mobile: _____ Other: _____

Parent/ Guardian's Monthly Income: Rs. _____ In words: _____

Number of Dependent Family Members: _____

Are you currently availing any other scholarship? YES NO

If YES, which one? _____

Have you been registered in any English language course? YES NO

If YES, give details: _____

Do you go for any tuition after school? YES NO _____

Declaration:

I hereby declare that the information given above is correct and to the best of my knowledge. I shall abide by the terms and conditions for sanction of this scholarship, and I undertake, that if at any stage, it is found to the satisfaction of the sanctioning authority that the information given by me is false or if I violate the terms and conditions of the program, the scholarship sanctioned to me, may be cancelled.

Date: _____ Signature of the Candidate: _____

Declaration of Parent / Guardian:

I _____ (Father/Guardian) of _____ who is studying in _____ hereby consent that my child/ward shall be enrolled in English Access Microscholarship Program, University of Malakand, and solemnly declare that my monthly income from all sources is Rs. _____. If at any stage, it is found that this information is false/not true, all benefits given to the student under Access program could be withdrawn and legal action as deemed fit, may be taken against me or my ward.

Date: _____ Signature of Parent / Guardian: _____

Please make sure that you have attached the following documents:

1. 2 passport sized photos
2. Copy of CNIC/ Birth certificate/ NADRA Form B
3. Father/Guardian's salary slip (if employee), or income certificate (if not an employee)
4. Father/Guardian's CNIC copy
5. Certificate from head of the school/college where the student is presently enrolled.