



HYDERABAD VANTHALI MEMON JAMAT

محمد خالد عبد الشکور برما
اکیڈمیک اجویشنل ایوارڈ پروگرام - 2025

“Grow Through Education”

Applicant's Detail

Name _____ Gender Male Female

Father's Name _____ Surname: _____

Date of Birth - - CNIC # - - -

Photograph
1 x1

Address _____

Area/Township _____

Ph(Res) _____ Mobile No. _____ E-mail _____

Applied for Award

Class / Level _____ YEAR : 2023 2024 2025

Total Marks _____ Marks Obtained _____ Percentage _____

Name of Institute _____ Group _____

Any other Achievement _____

Eligibility

AALIM / AALMA

PASS

HAFIZ-E-QURAN

PASS

CLASS 1ST TO 8TH
MIN 85 % PERCENTAGE
MATRIC / INTERMEDIATE
MIN 75 % PERCENTAGE
O LEVEL / A LEVEL
3 “A”

GRADUATE/MASTER

MIN 60 % PERCENTAGE

M.PHIL , PHD , MBBS , B.E
C.A , ACCA , ICMA , ICAEW

PASS

Acknowledgment

Receipt No. _____ Date of Receipt _____

Name _____

Class _____ Percentage _____

- Incomplete forms will not be entertained.
- Please bring this receipt on ceremony day



Instruction for Applicant (Attachments)

- ◆ Copy of Marksheets/Certificate/Degree
- ◆ Copy of Student's CNIC (if available)
- ◆ Birth Certificate / B Form NADRA
- ◆ Two Photograph (size 1" x 1")
- ◆ Copy of Applicant's Jamat Card (if available)
- ◆ Copy of Father's/Mother's CNIC
- ◆ Scrutiny Committee has right to accept or reject any application
- ◆ Bring Original Marksheets at the time of submission of form
- ◆ Incomplete form will not be entertained
- ◆ After last date of submission, the form will not be accepted
- ◆ Form photocopies are acceptable

We, the undersigned hereby confirm that we will obey and follow all the rules and regulations of Education Award Distribution Committee / The Committee has right to accept or reject any form.

Signature of Applicant

Father's / Mother's Signature

For Office Use Only

Acknowledge	Scrutiny Committee
Receipt No. _____	<input type="checkbox"/> Form Accepted _____ <input type="checkbox"/> Call to Applicant
Date of Receipt _____	<input type="checkbox"/> Form Rejected due to _____ <input type="checkbox"/> Meeting with Applicant
	<input type="checkbox"/> Refer to Committee _____ <input type="checkbox"/> No Action
	Remarks

Received by

1. Members Scrutiny Committee

2. Members Scrutiny Committee

ADD : OFFICE MR. WARI CHAAT HOUSE OPPOSITE BELAIR HOSPITAL, BELAIR MEDICAL STREET SADDAR HYD.
Contact : 0312-3783015, 03456577094, 0341-1269914 Visit: www.hvmj.org - Email : vanthlyjamathyd@gmail.com