



# COMSATS UNIVERSITY, ISLAMABAD

## Application Form For Abdullah Foundation Scholarship

### 1) Applicant's Details

Applicant Name:	CNIC/Form B. No.
Father Name:	Father CNIC:
Mother Name:	Mother CNIC:
Gender: Male / Female	City / Province:
Email:	Date of Birth:
Applicant's Status: (in case of orphan or disable, provide documentary evidence)	
For Orphans Only: Mention year of father's death:	
Applicant Phone Number:	Parent / Guardian Phone No.
Current Address:	
Permanent Address:	

### 2) Guardian Details

Please mention Father OR Mother name if alive OR person bearing applicant's or his family expenses.

Guardian Name:	Guardian CNIC:
Relation: Father / Mother / Brother / Sister / Uncle / Grand Parent / Other. (Marks ✓)	Guardian Phone:
Income Type: Govt. Employee / Semi Govt. Employee / Private Employee / Non-Salaried / Pensioner (Marks ✓)	Guardian Occupation:
Guardian Designation/Job:	Guardian Monthly Income. Rs.

### 3) Current Course Detail

Name of Degree / Course:	Registration / Roll No:
Current Semester / Year:	Department / Campus:

#### **Important Note:**

**All fields are mandatory to be filed. Incomplete Application Form shall not be entertained.**

#### 4) Academic Record

<u>Matric/O Levels</u>	<u>Intermediate/A-Levels</u>
Institute Name:	Institute Name:
Completion Year:	Completion Year:
Percentage:	Percentage:
Institute Type: Private / Govt	Institute Type: Private / Govt
Yearly Expense: Rs.	Yearly Expense: Rs.
Scholarship/Remission Amount per Year (if any): Rs.	Scholarship/Remission Amount per Year (if any): Rs.

#### 5) Current Education Expenditure

Yearly Tuition Fee:	Rs.
Yearly Hostel Fee:	Rs.
Yearly Messing Expenses:	Rs.
Total Expenditure:	Rs.
If applicant is availing scholarship from another organization, then please provide the details:	
Name of the Donor / Organization:	
Total Amount of Scholarship:	Rs.
Type of Scholarship: One Time / Monthly / Yearly	

#### 6) Medical Expenditure

Provide information if immediate family member is under medical treatment (Attached Related Documents)

Relation:	
Monthly Medical Expenses:	Rs.
Nature of Disease: One time treatment /Acute	
Total Expenditure:	Rs.

#### Important Note:

All fields are mandatory to be filed. Incomplete Application Form shall not be entertained.

## 7) Utility Bills

Note: Latest utility bill (Electricity, Gas, Internet) where family residing, are required.

Electric Company Name:	Consumer No.
Consumer Name on Bill:	Relationship with Applicant:
In case of No Utility Bill, please give reason:	
Monthly Gas Bill: Rs.	Monthly Internet Bill: Rs.

## 8) Family Assets

<b>Family Owned Transport:</b>	(Yes)	(No)	(Mark ✓)
Make and Model: If (Yes):			
<b>Property Type - Family House</b>			
Area in Marla:			
Address/Location:			
<b>Property Type - Shop</b>			
Area in Marla:			
Address/Location:			
<b>Property Type - Land/Residential Plot</b>			
Area in Marla:			
Address/Location:			

## 9) Total Number of Brothers and Sisters (Siblings)

Please use additional sheet, if needed for the details:

<u>Sibling - 1</u>	<u>Sibling - 2</u>
Name:	Name:
Age:	Age:
Type: Studying / Un-employed / Employed / Self Employed / At Home (Marks ✓)	Type: Studying / Un-employed / Employed / Self Employed / At Home (Marks ✓)
Class (if studying):	Class (if studying):
Institute Name if studying OR Company Name if doing Job OR Business:	Institute Name if studying OR Company Name if doing Job OR Business:

### Important Note:

All fields are mandatory to be filed. Incomplete Application Form shall not be entertained.

Monthly Income if in Job OR Yearly Expense if Studying:	Monthly Income if in Job OR Yearly Expense if Studying:
<b><u>Sibling - 3</u></b>	<b><u>Sibling - 4</u></b>
Name:	Name:
Age:	Age:
Type: Studying / Un-employed / Employed / Self Employed / At Home (Marks ✓)	Type: Studying / Un-employed / Employed / Self Employed / At Home (Marks ✓)
Class (if studying):	Class (if studying):
Institute Name if studying OR Company Name if doing Job OR Business:	Institute Name if studying OR Company Name if doing Job OR Business:
Monthly Income if in Job OR Yearly Expense if Studying: Rs.	Monthly Income if in Job OR Yearly Expense if Studying: Rs.

### 10) **Loan taken by your family:**

**Note: If loan taken from Bank or Other Agency then provide Loan Deed or supporting document.**

Loan Granted By:	
Relationship:	
Contact Number:	
Balance Loan:	Rs.
Loan Purpose: Please do not write more than 25 words.	
Any other information or explanation: Please do not write more than 25 words.	
Student Signature & Date	Parents / Guardian Signature & Date

**Important Note:**

**All fields are mandatory to be filed. Incomplete Application Form shall not be entertained.**

**The following Documents are also required with the application:**

**Note: Without following documents, application shall not be entertained.**

1. Family Registration Certificate/Form-B	2. Latest Utility Bills (Electricity, Gas, Internet)
3. Result Card of Last Semester	4. Proof of Income/Salary Certificate
5. House Rent Agreement (If rented)	6. Any additional proofs to confirm the applicant’s eligibility for financial assistance

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<b>Recommendation/Verification by Incharge SFAO (Student Financial Aid Office)</b>	
<b>Campus Director/Incharge. Signature &amp; Stamp</b>	
<b>Verification by Scholarship Management Unit</b>	

**Note:** The Form completed in all aspects along with required documents should be submitted to Student Financial Aid Office (SFAO) for further processing.

**Important Note:**  
**All fields are mandatory to be filed. Incomplete Application Form shall not be entertained.**