



COMSATS UNIVERSITY, ISLAMABAD

Application Form for Financial Support

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

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

Important Note:

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

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:	Monthly Income if in Job OR Yearly Expense if Studying:
<u>Sibling - 3</u>	<u>Sibling - 4</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:
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. Fee Record showing outstanding fee	6. Photograph of the Family House
7. House Rent Agreement (If rented)	8. Any additional proofs to confirm the applicant's eligibility for financial assistance

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Recommendations Head of Department, Signature & Stamp.	
Recommendation/Verification by Incharge Student Affairs (Student is not availing any sort of Campus based financial assistance)	
Campus Director / Incharge. Signature & Stamp	
Registrar, CUI Signature & Stamp	
Verification by Scholarship Management Unit (PS) that Student is not availing any sort of financial assistance from external scholarship bodies	

Note: The Form completed in all aspects along with required documents should be sent to the Registrar, CUI for further processing.

Important Note:

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