

# **COMSATS University Islamabad**

### **Sahiwal Campus**

## Financial Assistance Scheme

(Application Form)

Form Sr. No			Session: Fall 2019				
1. PARTICULARS OF Student's Name:			Registration #				
Program:			Overall Semester:				
Last semester result: GPA/							
			E-mail Address:				
City Name: Address:							
2. FAMILY INFORMAT	NOI						
Father's Name:	her's Name: Father CNIC No:						
Status: Alive Professional status: Emp	oloyed	Deceased Retired	Business C	Owner Any	Other		
Mobile No:		Occ	upation Type:				
Designation & Grade (B	PS/ SP	S/PTC etc):					
Total Gross Monthly Inc	ome fro	om all sources:					
Particulars of Immediate	Family	y Members * (use	e extra sheet in cas		mbers)		
Name	Age	Relationship	Occupation	Institution/ Organization	Salary/ Fee		
D 4 4 1 111	1			1	1		

<sup>\*</sup>Father, mother and siblings.

Type of Expenditu	ire		Last Month	n's Expense (Rs.)	
Applicant Education	n Expense				
Sibling Education F	Expense				
Accommodation Ex	xpenditure (if rented)				
Itility Expenditure					
Electricity					
Telephone					
Mobile					
Gas					
Others					
Scholarship In Details of financial	nformation assistance/scholarshi	ip/stipend recei	ved in the last	three years.	
		Type of Fina Assistance/S	ancial	three years.  Amount received	Sponsoring Agency
Details of financial	assistance/scholarshi	Type of Fina	ancial	•	
Details of financial Degree Program  S. UNDERTAKE  of my know cancellation of received under the CUI reserved.	assistance/scholarshi Academic Year  NG	her understand the admission. In security in the admission of the admissio	reby state that hat any falsi such case, I shinformation g	the above informate fication of informate hall be liable to refusiven in this form.	
Details of financial Degree Program  S. UNDERTAKE  of my know cancellation of received under the CUI reserved.	assistance/scholarshi Academic Year  Vledge and belief. I of the scholarship or ser the scholarship to Carves the right for veri	her understand the admission. In security in the admission of the admissio	reby state that hat any falsi such case, I shinformation g	the above informate fication of informate hall be liable to refusiven in this form.	Agency ion is true to the best ation may result in

(Provide documentary evidences of recent months)

FAMILY EXPENDITURES PER MONTH

Please Submit your from duly filled at following address: **Student Financial Aid Office / Admission Cell CUI** Sahiwal.



# **COMSATS University Islamabad**

### **Sahiwal Campus**

COMSATS Road off G.T. Road, Sahiwal

Ph: 040-4305001-5 Fax: 040-4305006 Web: www.sahiwal.comsats.edu.pk

<u>Check List:</u>	
1) Copies of CNIC of Self/Parents/Guardians	
2) B-form of Siblings/CNIC	
3) Latest Salary Slip of Self/Parents or Affidavit	
4) Death certificate (if/wherever applicable of parents (if any)	
5) Copies of educational certificates/degrees	
6) Result Card SP19 Semester	
7) Copy of currently paid fee challan	
8) Copy of siblings paid fee challan	
9) Copy of Student ID Card	
<b>10)</b> Electricity & Gas bill (Jul-Aug)	

#### Please Note:

- ✓ Incomplete applications (without required documents) would not be entertained.
- ✓ All required documents must be attested.

For further details; please visit **Student Financial Aid Office/ Admissions Office.**