

## 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

***Kinship/Siblings Concession***

(Application Form)

Form Sr. No. …………. Session: FALL 2024

**PARTICULARS OF THE APPLICANT**

Student’s Name: --------------------------------------- Registration # ------------------------------------ Program: ------------------------------------------------ Overall Semester: ------------------------------- Last semester result: GPA: ----------------------- CGPA: -------------------------------------------- Address: ---------------------------------------------------------------------------------------------------------

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PTCL #: --------------------------------------- Mobile # ------------------------------------------

1. Father’s Name: Computerized N.I.C. No

Father’s Name: \_

2. Status: Alive Deceased

3. Professional status: Employed Retired Business Owner

4. Name of Company/Employer:

5. Address:

6. Tel (Off): Mobile:

7. Occupation Type:

8. Designation & Grade (BPS/ SPS/PTC etc):

9. Total Gross Monthly Income from all sources \_ NTN

10.

Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian):

11. Name:

12. Address:

13. Tel(Off/Res)

14. Occupation

Relationship:

Mobile No. CNIC No.

15. Designation Name of Company/Employer

16. Monthly Financial Support Available to Applicant in Rs.

***Particulars of Sibling***

1)

Name of Sibling:----------------------------------------

--------------------------------------------------------------- Department:---------------------------------------------- Registration # ------------------------------------------- Semester:-------------------------------------------------

***Particulars of Sibling***

2)

Name of Sibling:----------------------------------------

--------------------------------------------------------------- Department:---------------------------------------------- Registration # ------------------------------------------- Semester:-------------------------------------------------

Signature

Signature

**Affidavit**

The information given in this application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. If any information given in this application is found incorrect or false after the grant of the financial support, will have to refund all payment received and a penalty levied.

The CUI reserves the right for verification of the information given in this form. Signature of Parent/Guardian

Name:

CNIC No. Date:

**Signature of Applicant**

**For Office Use only**

It is hereby certified that Mr./Ms.-------------------------------------------------S/D of -------------------- Roll No.----------------------------Semester---------------------------granted an amount of Rs.----------- as concession for---------------------semester as Brother/Sister (kinship concession), is recommended after verification of the given information.

----------------------------------- Incharge

Student Financial Aid Office

CUI Sahiwal

Date: ---------------------------

***Required Documents:***

* Copy of B-Form/Family Registration form
* Copy of Father’s CNIC
* Copies of both Kins’s CNIC
* Copies of Students ID Card

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