



## Financial Aid Application Form

DSA No.: \_\_\_\_\_

List No.: \_\_\_\_\_

A. Applicant's Information			
<b>Name:</b>		<b>S/D/O:</b>	
<b>Contact Number:</b>		<b>Email:</b>	
<b>School/Department:</b>		<b>Section:</b>	
<b>Registration No.:</b>		<b>Session:</b>	
<p>Are you currently employed? <span style="float: right;">Yes <input type="checkbox"/></span> <span style="float: right;">No <input type="checkbox"/></span></p> <p>Did you apply for / currently availing any other concession at MUL?: <span style="float: right;">Yes <input type="checkbox"/></span> <span style="float: right;">No <input type="checkbox"/></span></p> <p>Which of the following criteria you want to apply for?</p> <p style="text-align: center;"> <input type="checkbox"/> Disabled      <input type="checkbox"/> Teacher's Child      <input type="checkbox"/> Miscellaneous      <input type="checkbox"/>  <input type="checkbox"/> Orphan      <input type="checkbox"/> Needy (Poor Deserving)      _____ </p>			

Note: Signatures must be same as that on the CNIC. Please attach supporting documents. For checklist of required documents, please see backside of the form. Incomplete application shall NOT be processed.

B. Family Information	
Number of family members: _____	
Number of family members employed: _____	Father Name: _____
Number of family members dependents: _____	CNIC (Father / Guardian): _____
Children currently Studying: _____	Phone # _____

C. Work Related Information	
<b>Employment status of the Father/Guardian:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Business	Date of Retirement (if retired): _____ Pension Amount (Rs.): _____ Type of business (if applicable): _____ Family Income (from all sources): _____
Employer (if employed): _____	
Designation: _____	
Unemployed Since(if applicable): _____	

D. Referral (if applicable)	
Name of the Referral: _____	Phone No.: _____
Designation: _____	Email: _____
Organization: _____	
	Signature & Stamp: _____

E. Educational Information of Siblings			
Name of the sibling	Name of the institution	Degree / Program	Fee Package

Additional pages may be attached (if needed)

### F. Details of Income & Source(s)

Name of Family member	Organization working in	Designation	Salary

Additional pages may be attached (if needed)

### G. Miscellaneous Information

Residential Details	Assets Owned
<p><b>Please share your residential Status:</b></p> <p> <input type="checkbox"/> Own house                <input type="checkbox"/> Rented house                <input type="checkbox"/> Allotted by employer         </p> <p>Location of the residence: _____</p> <p>Size of the house: _____</p>	<p>Agricultural Land (Size): _____</p> <p>Agricultural Land (Location): _____</p> <p>Vehicle Owned (Type): _____</p> <p>Make &amp; Model: _____</p>

### H. Household Expenses Information

<p>House Rent (if Applicable): _____</p> <p>Education Expenses: _____</p> <p>Misc. Expenses (Amount): _____</p>	<p>Utility Bills</p> <p>1. Electricity: _____</p> <p>2. Gas: _____</p>
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#### Disclaimer

It is hereby declared that on providing incomplete or fictitious, bogus and fake documents/information, the student will be immediately struck-off from University rolls and will be punished as per law in practice.

#### Undertaking by the Student / Applicant:

I \_\_\_\_\_ S/D/O \_\_\_\_\_ have carefully read and understood the terms and conditions mentioned in the disclaimer. It is hereby declared that the information provided above is true and correct in the best of my knowledge and belief.

Signature of the applicant

Signature of Father / Guardian

Note: Signatures of both, the applicant and the father/guardian must be same as that on the CNIC.

#### Checklist of supporting Documents:

Note: Submission of all the documents listed below is mandatory. Please write "N/A" where a specific criterion is not applicable. Please tick relevant boxes against which the documents are provided along with this form.

- Copy of applicant's CNIC, B-Form / FRC (Family Registration Certificate)
- Copies of CNIC of father / guardian and other employed family member(s)
- Death certificate of the father (in case of orphan)
- Service Certificate, Joining Letter and most recent salary slip (for Teacher's Child)
- Copy of Disability Certificate (if any)
- Latest salary / pension slips or relevant documents / income evidences of all employed / retired family members
- Copy of rent agreement(s) (if applicable)
- Copies of last tuition fee receipts of self and all family members attending educational institutes
- Copy of all current month's household utility bills (electricity and gas)
- Any other document(s). Please specify: \_\_\_\_\_

Received by: \_\_\_\_\_

Checked by: \_\_\_\_\_

Status: Complete  Incomplete