



Forman Christian College (A Chartered University)

Sr. # E-

FINANCIAL ASSISTANCE FORM Academic Session 2011-12

Please Paste
1 Photograph
Size(1.5x1.5 Inch)

Last Date for Submission of this Form is _____

Incomplete Form will not be processed

Please ensure that all information is stated and all required documents are attached in A4 Paper Size

1 FIRST NAME

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MIDDLE NAME

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SURNAME

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ROLL No.

			-																
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GENDER

M	F
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PROGRAMME

FSC/FA/GS/ICS	BSC/BA	BIT/BCS	BSB	MBA	Mphil
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Others _____

RELIGION _____

2 PARENT/GUARDIAN NAME

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3 PARENT/GUARDIAN BUSINESS PROFESSION _____ NAME _____

BUSINESS ADDRESS _____

4 PERMANENT ADDRESS

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LIVING IN HOSTEL

Yes	No	If 'Yes' then	ON CAMPUS	OFF CAMPUS
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TEMPORARY*/HOSTEL ADDRESS

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* Please specify whom are you living with at the temporary residence

5 TELEPHONE No.: HOME _____ OFFICE _____

MOBILE NO.: STUDENT _____ PARENTS/GUARDIAN _____

E-MAIL: _____

6 CNIC No. of APPLICANT / B-FORM

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7 CNIC No. of PARENT/GUARDIAN

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8 ACADEMIC/CO-CURRICULAR/SPORTS ACHIEVEMENTS (Please attach attested copies of all your educational records)

Level	Name & Location of Institute	From-To Month/Yr	Percentage/ GPA	Marks/ CGPA	Stream /Subject
Matric					
Intermediate					
Baccalaureate					
Master					
Mphil					

i For O'Level & A'Level Students Only

LEVEL	Name & Address of Institute	From-To Month/Yr	Subjects	Grades	%
O'Level					
A'Level					

ii Please list any Co-curricular or Sports Achievements

iii Briefly describe your Aims and Goals

10 Financial Information

Family Members Earning (Please attach income certificate(s) of all earning members)

Name	Profession & Designation	Name of Organization	National Tax Number (NTN)	Annual Gross Income
Father				
Mother				
Sibling 1				
Sibling 2				
Guardian				
A-Total Family Earnings				

11 Asset Income (Please attach documents of assets owned and income earned from them)

Agricultural Land	Size	Location	Crops Cultivated	Annual Gross Income
Cattle	Type of Cattle	No. of Cattle	Value of Cattle	Annual Gross Income
Rental Property	Land Size	Location	No. of Rooms	Annual Gross Rent
Stocks / Bonds	Company Name	Date of Investment	Principal Invested	Annual Gross Income
Savings	Type of Saving	Date of Investment	Principal Invested	Annual Gross Income
Other Assets	Type of Asset	Date of Purchase	Value	Annual Gross Income
B Total Annual Gross Income from All Above Assets				

Note: For additional information please attach extra sheets.

12 Family's Living Standard

Type of Accommodation

Owned	Rented	Provided by Employer	Lease
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- i If accommodation owned, then date of purchase/construction of accommodation is _____ (Year)
 ii Description of accommodation

Location (Address)	Size		No. of Rooms	No. of Air - Conditioners
	Land Size			
	No. of Floors			

13 Type of Transport

Does the family own any Transport?

Yes	No
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Does Employer provide any Transport?

Yes	No
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Type of Transport (Car, Motor Cycle/Others)	Make/Model	Engine Capacity (CC)	Registration No.	Ownership

14 Cost of Education of All Siblings (not including yourself)

Please attach copies of latest fee receipts of self and siblings (hostel fee bills if applicable)

Name & Roll No.	Name & Address of Institute	Level/Grade	Annual Gross Fee + (Hostel fee, if)	Annual Scholarship / Concession	Annual Net Fee + (Hostel fee, if)
C- Total Annual Net Fee for All Siblings (not including yourself)					

Note: For additional information please attach extra sheets

15 Cost of Living Expenses of the Family (Please attach latest utility, medical & other bills)

Annual Food / Kitchen Maintenance Expenses	
Annual Clothing Expenses	
Annual House Rent Paid (If living in rented house, please attach Rent Deed)	
Annual Travel Expenses (Petrol, CNG, Public Transport)	
Annual Medical Expenses (Hospitalization, medical treatment etc.)	
Annual Electricity Expenses	
Annual Sui Gas Expenses	
Annual Telephone Expenses (Landline, Mobile etc.)	
Cost of Marriage of Sibling(s)	
D- Total Annual Cost of Living	

16 Types of Loans Taken (Please attach proof of loan taken and repayments)

Purpose of Loan	Date of Loan Taken	Name of Organization/ Person	Total Amount of Loan	Annual Interest Paid on Loan
For Education Expenses				
For Living Expenses				
For Marriage Expenses				
E- Total Annual Interest Paid on Loan				

Note: For additional information please attach extra sheets

17 Provide information of two persons who are not related to you, but they know you and your family eg. Neighbour or family friends etc.

1. Name: _____	1. Name: _____
CNIC #: _____	CNIC #: _____
Contact # _____	Contact # _____
Address _____	Address _____
Profession _____	Profession _____

Why are you applying for Financial Assistance?

Note: For any Important information not given in above form by you, please attach an application.

18 **UNDERTAKING FOR FINANCIAL ASSISTANCE**

The information given in the Financial Assistance Form 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 form is found incorrect or false after grant of financial assistance, the institute will stop further assistance and the student will have to refund all payment received and or pay a penalty equal to total scholarship amount.

Forman Christain College (A Chartered University) reserves the right to use information given in this form for verification and other purposes.

Date: _____

Parents/ Guardian's Signature

Student's Signature

Name: _____

Name: _____

FOR OFFICIAL USE ONLY

A- Total Family Earning	
B- Total Annual Gross Income from all Assets	
Total Family Income	
C- Total Annual Net Fee for all Siblings	
D- Total Annual Cost of Living	
E- Total Annual Interest Paid on Loan	
Total Family Expenses	
Expected Family Contribution (EFC)	
Cost of Attendance (COA)	
Unmet Student Financial Need for 2011-12	

Case Approved

Rejected

Reasons _____

Use these Income Certificates for all Income proof required

Sample of Income Statement Certificates

1. ***For Self owned business / professional***

Note: This declaration of income statement must be printed on a separate business letter head or stamp paper bearing the shop's/business' address and contact numbers.

I, (Father/Guardian of student) bearing CNIC# (Father/Guardian I.D card Number) hereby, truthfully state the following:

1. The name of my business/shop is _____
2. I am a self employed person and running the business since _____ (Years) _____
3. The address of my business /shop is _____
4. The business/shop location is owned by _____
5. I deal in the following main commodities _____
6. My total annual income from this business/shop is Rs. _____
7. I have _____ number of hired workers.
8. Capital Invested Rs. _____

I have knowingly and willfully stated the above facts and if the above facts are wrong my child's financial aid application should be cancelled.

Name	Signature	Student Roll No.	Date
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2. ***For Farmers Only***

Note: This declaration of income statement must be printed on a stamp paper.

I, (Father/Guardian of student) bearing CNIC# (Father/Guardian I.D card Number) hereby, truthfully state the following:

1. I along with all my family own (land size) of agricultural land situated at (complete address of where land is situated)
2. I cultivate (names of crop cultivated) crops on this land.
3. My annual income from the sale of the crop is Rs. _____
4. I have _____ number of hired workers working on my land.

I have knowingly and willfully stated the above facts and if the above facts are wrong my child's financial aid application should be cancelled.

Name	Signature	Student Roll No.	Date
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3. ***For Labourers and private workers (non-salaried persons)***

Note: This declaration of income statement must be printed on a stamp paper.

I, (Father/Guardian of student) bearing CNIC# (Father/Guardian I.D card Number) hereby, truthfully state the following:

1. I work as a labourer/ private worker.
2. My nature of work is (Describe it).
3. My daily income from all sources is Rs. _____.

I have knowingly and willfully stated the above facts and if the above facts are wrong my child's financial aid application should be cancelled.

Name	Signature	Student Roll No.	Date
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4. ***All salaried personnel must provide a latest salary slip duly signed by the head of department***