



ALLAMA IQBAL OPEN UNIVERSITY
AIOU STUDENT SUPPORT FUND
Directorate of Students Advisory & Counseling Services

The Regional Director _____

Subject: APPLICATION FORM FOR MERIT SCHOLARSHIP

PART-1
(PARTICULARS OF APPLICANT)

1. Name: _____ 2. Son/Daughter of: _____
3. Roll No. (If Cont. Student) _____ 4. Reg. No. _____
5. Date of Birth: _____ 6. NIC No. _____
7. Phone No. _____ 8. Email: _____
9. Postal Address: _____

10. Have you already availed the Merit Scholarship from AIOU Yes No
If yes please specify/indicate Semester _____.

11. i. _____ ii. _____ iii. _____ iv. _____ v. _____ vi. _____

12. Fee Deposited Rs. _____ Chall No. _____ Date. _____

13. Academic Particulars:

	Passing Year	Percentage	Grad/Division	Obtained/Total Marks
SSC				
F.A/F.Sc/C.Com/D.Com/I.Com				
B.A/B.Sc./B.Com/or equivalent				
M.A/M.Sc/M.Com/MBA/equivalent				
M.S/M.Phil				

I hereby certify that above information is correct to the best of my knowledge and the income of mine/parents is meager and couldn't meet my educational expenditure. I shall abide by all Rules & Regulations of ASSF and procedure laid down by the University. I also undertake that in case of any misconduct or action whatsoever not in the conformity with the University Policy/Procedure, as the case may be, the scholarship will be refunded/deposited in the university's account.

Student Signature: _____

Name: _____

Date: _____

Forwarded by the Concerned Region:

Name of Official: _____

Signature: _____

Regional Campus/Centre _____

Signature of RD/DRD/ARD: _____

PART-2
(INCOME STATEMENT)

A. FOR INDEPENDENT APPLICANT

1. Profession/Job Title: _____
2. Number of persons dependent upon applicant: _____
3. Monthly income of applicant from all sources (attach documentary proof): _____

B. FOR APPLICANT DEPENDENT ON PARENTS/GUARDIAN

1. Depend upon: Parents Guardian
2. Is Father: Alive Dead
3. Is Mother: Alive Dead
4. Father/Guardian's Name: _____
5. Profession: _____
6. National Identity Card No. _____
7. Number of persons dependent upon the parent/guardian: _____
8. Monthly income of parents/guardian from all sources (attach documentary proof): _____
9. Please Specify if already availed fee concession in previous Semester: Yes No
If yes please mention semester _____.

Student's Signature _____

FOR OFFICIAL USE

Total fee due to the semester _____ program _____ is Rs _____ and we recommended scholarship amount of Rs _____, which is _____ percentage (%age) of his/her tuition fee.

It is also stated that the amount of scholarship recommended for this student is under the allocated proportionate of budget.

Signatures of Members of Regional Committee:

1. Member: _____
2. Member: _____
3. Member: _____
4. Chairperson: _____
5. Secretary : _____

INSTRUCTION:

1. The application form must be completed in all respect.
2. Please attach attested copies of the following documents.
 - a) C.N.I.C and "B" form (self/guardian)
 - c) Result Card.
3. Attach **Original Bank Challan** and above mentioned documents along with this application form and submit to your concerned **REGIONAL OFFICE** before the due date.

Photocopy can be used.