



ALLAMA IQBAL OPEN UNIVERSITY

AIOU STUDENT SUPPORT FUND

The Regional Director _____ Region

SUBJECT: APPLICATION FOR GRANT OF FINANCIAL SUPPORT – SCHEME – SSF101

Program (with specialization if any) : _____ Semester: Spring/Autum-20

PART-1 (PARTICULARS OF APPLICANT)

1. Name: _____
2. Son/Daughter of: _____
3. Roll No. _____
4. Reg. No. _____
5. Date of Birth: _____
6. NIC No. _____
7. Marital Status: Married Unmarried
8. Phone No. _____
9. Email: _____
10. Postal Address: _____

11. Have you already availed the FINANCIAL SUPPORT from AIOU: Yes No
If Yes please specify/indicate Semester _____.
12. Course codes for which FINANCIAL SUPPORT is required:
i. _____ ii. _____ iii. _____ iv. _____ v. _____ vi. _____
13. Total Fee Due: _____

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

INSTRUCTIONS:

1. Please enclose original admission form along with application.
2. The application form must be completed in all respect.
3. Please attach attested copies of the following documents with the application:
 - i) National Identity Card and "B" form (Self & of parent /guardian).
 - ii) Income certificates of self and parent/guardian attested by a *Gazetted* officer or the local councilor.
4. **After fee concession, deposit the remaining amount if asked by the respective Regional Director/Representative through Bank Challan in the ALLIED BANK LTD. of your city.**(Bank draft shall not be accepted.) **Attach original Bank Challan, original admission form/continuing form and above mentioned documents along with this application form and submit to your concerned REGIONAL OFFICE before the due date.**

Declaration (by the applicant):

I solemnly declare that:

- a) I have read the instructions carefully and the information given by me in the application is true to the best of my knowledge and belief and nothing has been concealed.
- b) In case of misstatement, incomplete application or deviation from the laid procedure my admission to the program will be liable to cancellation.

Signature of the applicant: _____

Name: _____

Date: _____

FOR OFFICIAL USE BY THE REGIONAL COMMITTEE

The fee due to student for the semester _____ program _____ is Rs. _____ and we recommend financial support of Rs. _____. The remaining amount is Rs. _____, which the student has to deposit through bank challan.

Signatures of Members of Regional Committee:

1. Member: _____

2. Member: _____

3. Member: _____

4. Chairperson: _____

5. Secretary : _____

VERIFICATION BY THE DEALING OFFICIAL OF REGION

It is verified from the record of Regional Office that the student has been granted/not granted financial support. (If financial support granted please mention semester and amount. _____)

The remaining amount of Rs. _____ has been deposited through Bank Challan No. _____ dated: _____ in the Allied Bank Ltd, _____ branch.

Signature of authorized Dealing Official/Officer: _____

FOR OFFICIAL USE BY THE Directorate Student Advisory & Counseling

Comments:
