



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

The Regional Director _____ Region

Subject: Application Form for Communities – SSF-106: (✓ the relevant box)

- | | | |
|-----------------------------------|-------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Orphans | <input type="checkbox"/> Blind / Disabled | <input type="checkbox"/> Children of Shuhada |
| <input type="checkbox"/> Prisoner | <input type="checkbox"/> Transgender | <input type="checkbox"/> IDP's |

Program (with specialization if any): _____ Semester: Spring/Autumn 20 .

PART-1
(PARTICULARS OF APPLICANT)

- | | |
|--------------------------------------------------------------|----------------------------------------------------------|
| 1. Name: _____ | 2. Son/Daughter of: _____ |
| 3. Roll No. _____ | 4. Reg. No. _____ |
| 5. Date of Birth: _____ | 6. CNIC No. _____ |
| 7. Community (Please Specify). _____ | 8. Ph No. _____ |
| 9. Email: _____ | |
| 10. Postal Address: _____ | |
| _____ | |
| 11. Have you already availed the FINANCIAL SUPPORT from AIOU | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If yes please specify/indicate Semester _____. | |
| 12. Course Codes for which Scholarship is required: | |
| i. _____ ii. _____ iii. _____ iv. _____ v. _____ vi. _____ | |
| 13. Total Fee Payable: _____ | |
| 14. Reasons for obtaining the Scholarship:- _____ | |
| _____ | |
| _____ | |

(Please attach additional sheet if required)

I hereby certify that above information is correct to the best of my knowledge and the income of myself/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: _____

Verified & Forwarded by the Regional Director:

Signature: _____

PART-2

FOR OFFICIAL USE

SCHOLARSHIP FOR COMMUNITIES: (please tick the relevant scheme)

Total fee due to the semester _____ program _____ is Rs _____
and we recommended fee concession 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
percentage of budget for this level.

Signatures of Members of 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.
 - i) Academic documents.
 - ii) C.N.I.C and "B" form (self/guardian)
 - iii) Disability Certificate issued by Government Disability Board of the Relevant District / IDP's Registration Card / Shuhada's Children Proof etc.
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.