



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. Father's Name: _____
3. Student Id/Reg No: _____ 4. CNIC No: _____
5. Date of Birth: _____ 6. Email: _____
7. Marital Status: Married Unmarried 8. Phone No. _____
9. Postal Address: _____
10. Have you already availed the FINANCIAL SUPPORT from AIOU: Yes No

If Yes please provide the detail below:

Semester	Spring/Autumn	Enrolled Courses					
2 nd							
3 rd							
4 th							
5 th							
6 th							
7 th							

11. Course codes for which FINANCIAL SUPPORT is required:

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

12. Total Due Fee: _____

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. CNIC No. _____
7. Number of persons dependent upon the parent/guardian: _____
8. Monthly income of parents/guardian from all sources (attach documentary proof): _____

INSTRUCTIONS:

1. Please submit Financial Support request on CMS (Student Service Request).
2. The application form must be completed in all respect.
3. Please attach attested copies of the following documents with the application:
 - i) CNIC and "B" form (Self & of parent /guardian).
 - ii) Income certificates of self and parent/guardian attested (with name stamp) *by a Gazetted officer or the local councilor.*
4. **After fee concession, deposit the remaining amount (Fee) through Bank Challan, attach/upload Bank Challan, 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 shall be liable to cancellation.

Signature of the applicant: _____

Name: _____

Date: _____

FOR OFFICIAL USE BY THE REGIONAL ASSESSMENT COMMITTEE (RAC)

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

Signatures of Members of Regional Assessment Committee:

1. Member: _____

2. Member: _____

3. Member: _____

4. Chairperson: _____

5. Secretary : _____