

FOUNDATION UNIVERSITY ISLAMABAD
FINANCIAL ASSISTANCE APPLICATION FORM

RAWALPINDI CAMPUS

ISLAMABAD CAMPUS

- Financial assistance is not binding on the FUI Campuses and is based on assessment of need and merit as well as availability of funds with the Campus.
- Decisions are based on the information provided in this form and investigation/ verification through sources/means.
- Candidates will be required to appear for interview to provide additional information/ confirmation.
- The FUI Campuses referred in this document is the campus of FUI (Foundation University Islamabad) in which the student is studying.
- The financial assistance is towards the tuition fee only and the FAP campus committee will determine extent of assistance to be given if any.

SECTION A: PERSONAL AND FAMILY INFORMATION

APPLICANT'S PARTICULARS

1. Applicant's Name / Address: _____

_____ Mobile No _____

2. Registration No _____ Program/Semester/Year _____

3. Last Class/Semester/Year Result (GPA/CGPA/%age): _____

4. Marital Status

Single

Married

Divorced

5. Occupation (Give Full Details), (if applicable) _____

6. Monthly Income Gross (if applicable) _____ Pension (If Retired) _____

7. Details of any travels abroad in the last five years: (Including Hajj and Umra) _____

Are you expecting or getting funding for your education at the institute/college from any other source other than mentioned above.

Yes

No

If yes, please specify the source and amount

Source _____

Amount (In Rupees) Given _____ Expected _____ Not Known _____

FATHER / GUARDIAN'S PARTICULARS

1. Father/Guardian Name/Address (in capital) _____

2. Occupation (give full details) _____
3. Mobile No. _____ Fax _____ Email _____
4. Monthly Income Gross: _____ Pension (If Retired) _____
5. Emoluments: (If re-employed) _____ Previous Occupation (If applicable) _____
6. Details of any travels abroad in the last five years: (Including Hajj and Umra) _____

7. Spouse's Name (in capital) _____

MOTHER'S PARTICULARS

1. Mother's Name/Address _____

2. Tel No. _____ Fax _____ Email _____
3. Monthly Income Gross: _____ Pension (If Retired) _____
4. Occupation (give full details) _____
5. Working/Housewife (Not Working) _____
6. Occupation (if working) _____
7. Serving/Retired _____
8. Monthly income/pension per month _____

**DETAIL OF FAMILY MEMBERS
(BROTHER / SISTER / CHILDREN) AND DEPENDENTS**

Candidate's Family

Name	NIC No.	Age/ Yrs.	Occupation (if any)	Income & Source (Per month)	Institution (if studying)	Fee (Per month) if Studying

Guardian's (Where Applicable)

Name	NIC No.	Age/Yrs.	Occupation	Income & Source (Per month)	Institution (if studying)	Fee (Per month)

SECTION B: FINANCIAL INFORMATION (ATTACH DOCUMENTARY EVIDENCE)

1. Family Monthly Income Detail:

	Father/ Guardian	Mother	Spouse	Self	Other Sources/ Misc	Total Monthly Income	Total Annual Income
Salary							
Income from Rent							
Income from Land							
Others (Specify)							

2. Utilities/Expenditures:

UTILITIES PAID				
<i>(Average (per month) of last six months)</i>				
Telephone	Electricity	Gas	Water	Total

3. Monthly Food /Kitchen Expenditures _____

4. Medical Expenditures: Average of last six months (Per Month Expenditure) _____

SUPPORTING DOCUMENTS ATTACHED (YES/NO)

(To be used by the Campuses)

Income	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Rent Agreement	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Death Certificate (where applicable)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Electricity Bill	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Gas Bill	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Water	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Telephone Bill	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Income Tax Return (Father / Guardian)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

DECLARATION AND UNDERTAKING BY THE STUDENT:

I solemnly and sincerely declare/undertake that:

1. All the above information provided by me, particularly the details given in the Admission Form and Financial Assistance Form are true, accurate and correct in every respect to the best of my knowledge.
2. No information or detail has been withheld, misrepresented and nothing has been concealed in any manner whatsoever. In case of 25% (or more) change in my financial circumstances, I shall inform my campus responsibly at regular interval.
3. I certify that I am not involved in any discipline case in the university.
4. I shall abide by the rules and regulations of my campus including financial assistance policy, which may be modified from time to time by FUI.
5. I understand that at stage of the program, my admission including financial assistance may be cancelled by the campus due to the concealment, misrepresentation and withholding of information by me.
6. In case of cancellation of my admission, any financial assistance or other benefit taken/used by me will become immediately payable/refundable to FUI.
7. I fully understand that FUI reserves the right and the prerogative to initiate civil as well as pecuniary proceedings with regard to the above in respect of obtaining pecuniary advantage.

Student's Signature _____ Date: _____

COUNTERSIGNED

Father / Guardian _____ Date: _____

WARNING

- If the entire required documents are not enclosed, the application for financial assistance will be rejected.
- In case of providing false information, admission of the candidate will be cancelled.
- Incomplete information will result in disqualification of the candidate for financial assistance.

FOR OFFICE USE ONLY

FAP CAMPUS COMMITTEE RECOMMENDATIONS/COMMENTS

Application Review Dates:

Members:

<u>Name</u>	<u>Signature</u>
1.	
2.	
3.	
4.	
5.	

SECRETARY FAP CAMPUS COMMITTEE

RECOMMENDATIONS BY THE CHAIRMAN

DIRECTOR, CAMPUS

NOTE: PART A, B, C, D AND E MUST BE FILLED.

Part A						
Personal Information						
Name of The Candidate	Father's Name	Cat	Discipline/ Program	Batch/ Semester	CGPA/ Marks	Amount of other scholarship being availed

Part - B						
Family Status						
Marital Status	Father Status	Parents Guardian Profession	Total No of Dependent Family Member	Family Members Studying	Earning Hands	Father /Guardian Income

Part - C				
Mother Income	Income From Land	Misc. Income (Pension)	Total Monthly Income	Total Annual Income

Part - D

Monthly Expenditure (Avg. of Last 6 Month)

Gas	Electricity	Phone	Water	Sub Total	Family Exp on Education	Candidate Edu Exp per month	Food Exp	Medical	Misc.	Total Monthly Exp	Annual Exp	Disposable Monthly Income

Part - E

Fixed Assets

Current Assets

No of Vehicle(s)	Vehicle(s) Type	Model of Vehicle(s)	Vehicle(s) Engine Capacity	Value of Vehicle(s)	Size of Land	Value of Land	Accommodation & Location	Type of Accommodation and Size	Value of Home	Bank Balance	Stock/Prize Bond	Miscellaneous	Total Assets

FINANCIAL POSITION

1. Father/Guardian Current Occupation _____

2. Monthly Income: _____

	Father/Guardian	Mother	Self	Brother / Sister	Total Monthly Income
Salary					
Income from Rent					
Income from Land					
Other (Specify)					
Total					

3. Family Current Assets

	Father/Guardian	Mother	Spouse	Self	Brother/ Sister	Total (Rs)
House						
Business						
Land & Buildings						
Car/Vehicles						
Bank Balance						
Total Assest						
Total						

4. Detail of Dependents of Father/Guardian:

:

Name	Relation	Age	Institution (if studying)	Fee (per month) if studying

5. Monthly Expenditure:

- a. Approx exps on House hold/ Utilities: Rs _____
- b. Approx Medical Exps : Rs _____
- c. Approx Education Exps : RS _____
- d. Approx Travel/Misc Exps : Rs _____

Total : **Rs** _____