



SOCIAL WELFARE SOCIETY
KHYBER MEDICAL COLLEGE



FINANCIAL ASSISTANCE FORM

DATE: _____

NAME: _____ FATHER'S NAME: _____

APPLICANT'S NIC: _____ FATHER'S NIC: _____

INSTITUTE: _____ CLASS: _____ ROLL NO: _____

ADDRESS: _____

FATHER'S OCCUPATION: _____

CONTACT NO (LANDLINE): _____ CONTACT NO (CELL): _____

EMAIL: _____

SOURCE OF INCOME: _____

MONTHLY INCOME: _____

INCOME FROM AGRICULTURE LANDS: _____

DOMICILE: _____

ACADEMIC DETAILS:

QUALIFICATION	YEAR OF PASSING	OBTAINED MARKS/TOTAL MARKS	PERCENTAGE	GRADE
SSC/EQUIVALENT				
FSc./EQUIVALENT				
ENTRY TEST/OTHER				
CURRENT YEAR				
OTHERS				
OTHERS				

REFERENCES

REFERENCES OF THE AREA/ILAQA:

NO.1(NIC TO BE ATTACHED)

DATE: _____

NAME: _____ FATHER'S NAME: _____

NIC NO. _____

CONTACT NUMBER: _____

OCCUPATION/DESIGNATION: _____

ADDRESS OF THE JOB

PLACE: _____

I HEREBY SOLEMNLY DECLARE THAT I KNOW THIS STUDENT AND HE NEEDS FINANCIAL ASSISTANCE.

SIGNATURE ALONG WITH DESIGNATION

REFERENCES OF THE AREA/ILAQA:

NO.2(NIC TO BE ATTACHED)

DATE: _____

NAME: _____ FATHER'S NAME: _____

NIC NO. _____

CONTACT

NUMBER: _____

OCCUPATION/DESIGNATION: _____

ADDRESS OF THE JOB PLACE: _____

SIGNATURE ALONG WITH DESIGNATION

BACKGROUND DETAILS:

RESIDENCE: OWNED/HIRED: _____ FINANCIAL ASSISTANCE IN PAST? If YES WHICH TYPE: _____

WHAT KIND OF FINANCIAL ASSISTANCE REQUESTED: _____

ANY DISCIPLINARY ACTION TAKEN AGAINST YOU: YES/NO: _____

FAMILY DETAILS: _____

FOR HOW LONG, YOU WANT TO BE SUPPORTED: _____

DECLARATION

I DECLARE THAT I AM ELIGIBLE FOR ZAKAAT / NOT ELIGIBLE FOR ZAKAAT. (Tick the appropriate one)

I ALSO SOLEMNLY AFFIRM THAT ONCE I GRADUATE, I WILL CONTRIBUTE TO SOCIAL WELFARE SOCIETY'S SOCIAL ASSISTANCE PROGRAM

SIGNATURE OF STUDENT: _____

FOR OFFICE USE:

COMMITTEE MEMBER#1: _____

COMMITTEE MEMBER#2: _____

COMMITTEE MEMBER#3: _____

APPROVAL OF FINANCIAL ASSISTANCE: YES/NO

TYPE OF FINANCIAL ASSISTANCE: _____

AMOUNT OF FINANCIAL ASSISTANCE: _____

- Please be as thorough as possible.
- If a student is selected for full family support, he/she is bound to let the society know about any extra scholarships or financial help from any other source that he/she receives, in future. In case a student doesn't, committee will withdraw his/her support and take legal action.
- The decision of committee will be final.

**Chairman
Social welfare Society
Khyber Medical College**

The following are the requirements:

i)Photocopies of:

- **CNIC of the applicant and father/guardian**
- **College card of the applicant**
- **Domicile certificate of the applicant**
- **Academic record**
- **DMC of the last exam**

ii)Income certificate duly signed by the concerned authority

iii) Utility bills

Note: The last date to apply is 30th April, 2014.