

Sr. No. _____
(for office use only)



IAC

Application No. _____
(for office use only)

Need Based Scholarship Form

PHOTO
(Blue Background)
1.5" X 2.0"

Applied for Session Spring Fall YEAR

D M Y

Date:

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APPLICANT INFORMATION

Applicant No. _____ (New Admissions)

Registration No. _____ (Regular Students)

Applicant Name _____

Applicant CNIC

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Land Line No.

							-												
--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--

 Mobile No.

							-												
--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

--	--	--	--	--	--	--	--	--	--

 Email Address _____

Gender Male Female Marital Status Single Married

Degree Program _____ Department _____

Permanent Address _____

Current Address _____

Last Exam Passed _____ Year of Passing _____

Marks/Grade/CGPA _____ Session of Passing _____

Reason to apply

For office use only

Student's Name _____

Applicant / Reg. # _____

D M Y

For Received on.

--	--	--	--	--	--	--	--	--	--

Received by: _____

Signature + Stamp

FATHER/GUARDIAN INFORMATION

Father's Name -----

Status

Alive

Deceased

Guardian Name _____

CNIC

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Land Line No.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mobile No.

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CURRENT EMPLOYMENT STATUS

Yes

No

(1) Employed/Salaried Person

(2) Self Employed/Business

(3) Retired

(1) Employed/Salaried Person

Name of Company _____

Designation _____ Tel (Office)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Monthly Salary _____

Address of Company _____

(2) Self Employed/ Business

Name of Business -----

Nature of Business _____ Tel (Office)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Monthly Income _____

Address of Business _____

(3) Retired

Name of Organization _____

Designation _____

Retirement Date _____

Monthly Pension -----

SIBLINGS INFORMATION

No. of Brothers No. of Sisters

Detail of Blood Relations Studying other than "The Institute for Arts & Culture"

Sr. N	Name	Relation	School/College/University	Fee Per Month	Concession Amount / Percentage (%) (If Granted)
1.					
2.					
3.					
4.					
5.					

Detail of Blood Relations Studying in "The Institute for Arts & Culture"

Sr. N	Student Name	Relation	Degree	Session	Semester	Financial Assistance % (If Granted)
1.						
2.						
3.						

FAMILY MEMBERS INCOME (Monthly Basis)

Detail of Family Members Earning (Monthly Basis) Excluding Father/Guardian

Sr. N	Name	Relation	Organization	Designation	Salary/Income
1.					
2.					
3.					
4.					

OTHER SOURCES OF INCOME (If any)

Sr. N	Description	Father Mother	Spouse	Self	Other	Total
1.	Property Rent Income					
2.	Agriculture Income					
3.	Profit on Bank Deposit					
4.	Shares/Securities/Pension					
5.	Other					

Total Family Expenses

EXPANSES ON MONTHLY BASIS

Sr. No	Description	✓
1.	Household expenses / Food expanse	
2.	Medical expense	
3.	Accommodation Expenses	
	House Rent	
	Hostel Rent	
	Mess	
	Total:	
4.	Loan Installment (if applied)*	
5.	Educational Expenses	
6.	Utility Expenses	
7.	Miscellaneous Expenses	
Total:		

* Specify Loan Amount (PKR) _____

UNDERTAKING

I certify that the information given on this form is accurate to the best of my knowledge. I undertake that misrepresentation may cause cancellation of my admission or financial aid at any stage or during the program. If I unable to maintain (SGPA 3.2) in any semester examinations, The university has the right to discontinue my concession.

Applicant Name

Parent/Guardian Name

Applicant Signature

Parent/Guardian Signature

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

NOTE:

The applicant has to deposit first installment before applying for financial assistance.

1.

Please attach "Photo Copies" of the following Documents.

COMPLETION CHECKLIST

Sr. No	Required Documents	✓
1.	Copy CNIC / B: Form of Applicant	
2.	Copies of CNIC of parents, guardians, other employed family member(s)	
3.	Salary slips or certificates of all employed family members for the last month, attested by the applicable company/organization	
4.	Pension Book (if retired)	
5.	If unemployed attach related documents	
6.	Bank statements of self and all employed family members for all active accounts, dating January 2021 through the application date (if applicable)	
7.	Documentary evidence of all assets or property owned, including saving certificates, bonds, shares, investments (if applicable)	
8.	Copies of last tuition fee receipts of all family members attending educational institutes in year 2021	
9.	Copy of scholarship(s) or funding offers received for self and family members for the relevant year and/or future scholarship or funding offer letters (if applicable)	
10.	Tax Return and Wealth Statements of all employed family members for year 2021 (if applicable)	
11.	Copy of current month's household utility bills - electricity, gas, telephone, water	
12.	Copies of the last 6 months' medical bills and expense receipts (if applicable)	
13.	Loan Documents (if applied)	
14.	Death Certificate in case of orphan	
15.	Any Other Document(s) Demonstrating Financial Need	

For office use only

Student's Name _____

Applicant / Reg. # _____

Recommended by

Signature

STATUS

Approved

Refused

If Financial Assistance Approved then (%)

Date

Approved by:

Signature

Date

Entry in ODDO

Yes

No

Entered By

Supervised By
(Signature & Stamp)