

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				
F.Sc./EQUIVALENT				
CURRENT YEAR				
OTHERS				

References

References of the area / ilaqa:

NO.1 (NIC to be attached)

Date: _____

Name: _____ Father's Name: _____

CNIC NO. _____

Contact No. _____

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

Reference of the area / ilaqa:

No. 2 (CNIC to be attached)

Dated: _____

Name: _____ Father's Name: _____

CNIC No: _____

Contact No: _____

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. (To be duly signed by the Local Zakat Committee Chairman/DZO)

Signature: _____

Seal: _____

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 student is selected for full family support, he/she is bound to let the society know about any extra Financial Assistance or financial help from any other source that he/she receives, in future. In case a student fails to do so, the Committee shall withdraw his/her support and take legal action.
- The decision of the Committee shall be final.

**Chairman/Chairperson
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
 - Academic record
 - DMC of the last exam
- II. Income certificate duly signed by the concerned authority
- III. Utility bills
- IV. Zakat Eligibility (If any)