



# COMSATS University Islamabad

## Sahiwal Campus

COMSATS Road off G.T. Road, Sahiwal

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### *Kinship / Siblings Pecuniary*

(Application Form)

Form Sr. No. ....

Session: Fall 2018

### **PARTICULARS OF THE APPLICANT**

Student's Name: ----- Registration # -----

Program: -----

----- Overall Semester: ----- Last semester result: GPA: -----

----- CGPA: ----- Address: -----

PTCL #: ----- Mobile # -----

1. **Father's Name:** \_\_\_\_\_ Computerized N.I.C. No \_\_\_\_\_

2. Status: Alive  Deceased

3. Professional status: Employed  Retired  Business Owner

4. Name of Company/Employer: \_\_\_\_\_

5. Address: \_\_\_\_\_

6. Tel (Off): \_\_\_\_\_ Mobile: \_\_\_\_\_

7. Occupation Type: \_\_\_\_\_

8. Designation & Grade (BPS/ SPS/PTC etc): \_\_\_\_\_

9. Total Gross Monthly Income from all sources \_\_\_\_\_ NTN \_\_\_\_\_

10. \_\_\_\_\_

11. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

12. Address: \_\_\_\_\_

13. Tel(Off/Res) \_\_\_\_\_ Mobile No. \_\_\_\_\_ CNIC no. \_\_\_\_\_

14. Occupation \_\_\_\_\_

15. Designation \_\_\_\_\_ Name of Company/Employer \_\_\_\_\_

16. Monthly Financial Support Available to Applicant in Rs. \_\_\_\_\_

<b>Particulars of Sibling</b>	<b>Particulars of Sibling</b>
1)	2)
Name of Sibling:----- -----	Name of Sibling:----- -----
Department:-----	Department:-----
Registration # -----	Registration # -----
Semester:-----	Semester:-----
Signature _____	Signature _____

**Affidavit**

The information given in this application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. If any information given in this application is found incorrect or false after the grant of the financial support, will have to refund all payment received and a penalty levied.

The CUI reserves the right for verification of the information given in this form.

Signature of Parent/Guardian \_\_\_\_\_

Name: \_\_\_\_\_

CNIC No. \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

**For Office Use only**

It is hereby certified that Mr/Ms.-----S/D of -----  
Roll No.-----Semester-----granted an amount of Rs.-----  
as concession for-----semester as Brother/Sister (kinship concession), is recommended  
after verification of the given information.

\_\_\_\_\_  
Incharge  
Student Financial Aid Office  
CUI Sahiwal  
Date: -----

**Note:** (Copy of B.Form must be attached alongwith this application form)

Please Submit your form duly filled at following address:

**Student Financial Aid Office / Admission Cell**  
CUI Sahiwal.