COMSATS Institute of Information Technology Sahiwal
Student Financial Aid Office

COMSATS Road, Off G.T. Road, Sahiwal. Ph: 040- 4305005, Cell: 0333-6908100

Kinship / Siblings Pecuniary

(Application Form)

Form Sr. No. ………….   Session: Fall/Spring……….

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. Any Other Supporting Person (Mother/ Guardian/ Brother/ Sister/Family Relative/Guardian):

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. _____

Particulars of Sibling	Particulars of Sibling
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 CIIT 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 --------------------
RollNo.---------------------------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
                                                    CIIT Sahiwal
                                                    Date: --------------------------

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

Please Submit your from duly filled at following address:

Student Financial Aid Office / Admission Cell
CIIT Sahiwal.