



COMSATS University Islamabad

Sahiwal Campus

COMSATS Road off G.T. Road, Sahiwal

Ph: 040-4305001-5 Fax: 040-4305006 Web: www.sahiwal.comsats.edu.pk

Kinship/Siblings Concession

(Application Form)

Form Sr. No.

Session: Spring 2024

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 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: -----

Required Documents:

- ✓ Copy of B-Form/Family Registration form
- ✓ Copy of Father's CNIC
- ✓ Copies of both Kins's CNIC
- ✓ Copies of Students ID Card

Please Submit your form duly filled at following address: **Student Financial Aid Office/Admission Cell CUI Sahiwal.**