UNIVERSITY OF SAHIWAL, SAHIWAL



Phone: 040-9200432, 040-9200430, Fax: 040-9200341 Website: <u>www.uosahiwal.edu.pk</u>

FEE CONCESSION/FINANCIAL ASSISTANCE FORM

The process of Fee Concession is based on assessment of need and merit. Selection will be carried out on the basis of information provided in the form and investigations by the Committee. Candidates may be required to appear before the committee for interview. Moreover, concession in tuition fee will be applicable for one regular semester. Each semesters student will have to apply for the fee concession on the basis of their semester results. In case of concession, amount will be refunded through cheque.

PROVIDING FALSE INFORMATION MAY RESULT OF THE FOLLOWING

- Disqualification for award of any future Loan/Scholarship/Financial Aid.
- Refund of all the payment received and or a penalty equal to total scholarship amount.

INSTRUCTIONS FOR FILLING IN THE SCHOLARSHIP APPLICATION FORM:

- ✓ Fill The Form Completely, Incomplete Form Will Be Rejected.
- ✓ Submit duly completed& verified documents with application form.
- ✓ Whenever in doubt or lost, seek help from the **Students Financial Aid Office**.

REQUIRED DOCUMENTS

- 1. Attested Copies of all academic certificates (Matriculation, Intermediate and BA/BSC/B.COM).
- 2. Copy of B-Form(بفارم) or NIC.
- 3. Copies of last & latest fee paid receipts of self and siblings.
- 4. Income Certificate/Salary/Pay Slip of father/Mother/Guardian duly verified by the followings:
 - Head of Institute in case of Govt/Semi Govt.
 - ILAQA Tehsildar in case of Agriculture.
 - Union Council in case of Laborer.
- 5. Death Certificate of father must be attached. (Orphan Students).
- 6. Attach copies of all Utility Bills (Electricity, Gas, PTCL, and Water) of previous month.

ELIGIBILITY CRITERIA:

- Only those students are eligible to apply whose CGPA is 2.5 & above in semester system.
- Students who are shifted from Evening to Morning programs shall not be considered for any financial assistance.
- Application form along with all required documents must be duly recommended and verified by their Head of Department and submitted directly to the **Directorate of Students Affairs (DSA)**
- Incomplete or late application after due date will not be entertained.
- For more details please contact DSA.

A:- APPLICANT'S BIO DATA

		sName:							
		Address							
				Domicile/District Name:					
				Cell (Personal):					
	Department Admission category: Morning/Evening/Replica Jniversity Roll No (write complete) Program AD/Undergraduate/Masters								
		GPA (Degree/ Previous Seme			-				
		-	Full Ins			_			
	•	availing hostel facility? Ye							
-Ha	ave you	a ever been involved in any k	ind of disciplinary ac	tion? Yes	N				
-Aı	e you	availing already any followin	g scholarship in UOS	SWL?					
		A. HEC							
		B. PEEF C. LIOSWI	merit scholarship						
			er Scholarship/Loan/	Baluchistan/ Di	sable				
-Ha	ave you	ı ever availed any scholarship	before in previous in	nstitution? (Atta	chscholarship proof/	certificate)			
	S#	Name of Institute	Scholarship Name	Total Scholarship Amount Rs.	Total scholarship Period	Class/Semester			
	1								
	2								
	3								
	3								
R۰	. БАТ	HER/GUARDIAN'S PAI	A TICULARS						
<u>D.</u>									
For		er's Name: Professional Status:	Statu	s: Alive	eceased	arate			
Гa	iner s.	i rolessional Status.							
Em	ployed	Retired Business	Farmer L	abour Abr	oad Jobless	Others			
N	.1	NT							
		Name: catus of Parents: Combin		-	Divorced				
1010		se of above given any profes			L				
	<u></u>	 Name of Company/Em 							
		• Tel (Off):							
 Total Net Monthly Income from all sources (Salary/ Pension/ Others) 									
		• Total Annual Income f							
		• Previous Occupation (i							
	(b i)]	• Total Monthly Income	(Pension/ Others): _						
(b-i)In case of Guardian Guardian's Name:									
	Guardian's Name: Relationship: Guardian's Occupation: Guardian's Contact No								
		1				_			
	<u>(b-ii)</u>	Family Details:							
		nbers in Family:	_						
Far	nily Se	·] Independent						
		umber of Brothers/Sisters (To			sters married (Total)	:			
	10	otal Earning Members in Fam	IIY						

(b-iii) Sibling's Details

Sibling studying in other Institutes/UOSWL (provide details. Other sheet may be used)

S#	Name	Class/Degree	Name of Institute	Fee Semester/	Hostel Charges	
				yearly		
1						
2						
2						
3						
4						
5						
6						
	Total Fees & Tuition Charges					

Statement of Purpose (Explain your suitability for Fee Concession) attach separate sheet if required

(b-iv)Family Assets Details:

Residence Status:							
Rented Self Empl	oyer / Govt. Ow	ned					
Rent Payment in Rs.	(attach proc	f)					
Does the family own any vehicle?	Yes No						
Number of Cattle(s) (with kind)							
Area and location of Land(s)/Plot(s)/ owned							
Residential Con	nmercial	Agricultural		Employer/ Govt. Scheme			

PAID AMOUNT OF LAST MONTH UTILITY BILLS					
Telephone/Mobile	Electricity	Gas	Grocery	Total	

(b-v)Total Income & Expenditure

Total Monthly Income	Total Monthly Expenditure	Total Annual Income	Total Annual Expenditure

How were the admission /first semester charges paid? (Specify the relationship also)

<u>C:-APPLICANT'S EDUCATIONAL RECORD</u>

S #	Degrees	Name of Institute	Div/Grade	Year of Passed out
1	Matric/O Level			
2	Intermediate/A Level			
3	Graduation			
4	Others			

D:-UNDERTAKING

The given information in this application is true to the best of my knowledge if any false information is found after the grant of fee concession, the UOSWL will discontinue the process and I will have to refund all payments received. The UOSWL reserves the rights of verification of the information given in this form.

E:- APPROVAL BY THE CHAIRPERSON/HEAD/IN CHARGE DEPARTMENT

The student is personally known to me and he/she deserves the fee concession.
Name of HOD: _____ Date: _____
Reason for recommending._____

Signature & Stamp Chairperson/Head of Department

F:- FEE CONCESSON/ FINANCIAL AID/ SCHOLARSHIP COMMITTEE DECISION

<u>Recommendations:-</u> Full Tuition Fee Concession Half Tuition Fee Concession Not Recommended		
COMMITTEE'S MEMBERS	NAME	SIGNATURES
Chairperson		
Member-1		
Member-2		
Member-3		
Member- 4		