



# تعلیم سے کاروبار تک

## Education to Entrepreneurship

Form No./Roll No. \_\_\_\_\_  
(for official use)

### FINANCIAL NEED ASSESSMENT FORM

**Note: Submission of this form doesn't automatically guarantee the award of scholarship/ fee waiver.**

Student's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Program: \_\_\_\_\_ Number of Family Members: \_\_\_\_\_

**Instructions to fill out the form:**

- Fill the form in BLOCK LETTERS
- Write your name and date of birth on the back of each photograph
- Submit all the required supporting documents (listed below) with your application form.
- Applications without complete documents will not be processed. No further reminder will be given to you.

#### Checklist of Required Documents

- |  |  |
|--|--|
| <input type="checkbox"/> Two Attested Passport Size Photographs  | <input type="checkbox"/> CNIC of your Parents/Guardian         |
| <input type="checkbox"/> Copies of all Academic Transcripts      | <input type="checkbox"/> Utility Bills of Business & Household |
| <input type="checkbox"/> Signed Terms & Conditions/Undertaking   | <input type="checkbox"/> Pictures of House/Shop                |
| <b>Income Proof (attach relevant)</b>                            | <input type="checkbox"/> Fee Voucher(s) – Self & Siblings      |
| <input type="checkbox"/> Salary Slip (Job Holder)                | <input type="checkbox"/> Rental Agreement (if applicable)      |
| <input type="checkbox"/> Income Affidavit (Business Individuals) | <input type="checkbox"/> Any Other Document: _____             |

*Please note University reserves the right to amend, cancel or terminate the awarded financial aid in case of any misrepresentation or incorrect information provisioning. Misrepresentation may also lead to termination from the program. It also reserves the right to physically verify the beneficiary's home/business premises at any given point in time*

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Last Degree Marks (%): \_\_\_\_\_ Parent's Occupation: \_\_\_\_\_

Parent's Income: \_\_\_\_\_ Income Proof:  Yes  No

Already Getting Discount: \_\_\_\_\_ Discount Requested: \_\_\_\_\_

Remarks: \_\_\_\_\_

# GIFT University – Financial Need Assessment Form

Note: Kindly fill this form with care and keep a copy for your record.

## Personal Information

Name: \_\_\_\_\_ Father's/Guardian Name: \_\_\_\_\_

Father's/Guardian Occupation: \_\_\_\_\_ Father's/Guardian's CNIC # 

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Email: \_\_\_\_\_ Contact (Home): \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Is/are any member(s) of your family studying at GIFT University?  Yes  No *If Yes, please state:*

Name: \_\_\_\_\_ Roll No. \_\_\_\_\_ Session: \_\_\_\_\_

Program: \_\_\_\_\_ Relationship with you: \_\_\_\_\_

**Program's Total Tuition**

**Amount you are able to**

Fee: Rs. \_\_\_\_\_ Fee: Rs. \_\_\_\_\_

**Amount Requested as Financial Assistance: Required Assistance as a %age of Total Tuition**

Fee: Rs. \_\_\_\_\_ Fee: Rs. \_\_\_\_\_

## Academic Information

Degree	Name of Institute	Name of Degree	Board	Year of Completion	Marks/Grades	
					Obtained Marks	Total Marks
Matric						
Intermediate						
Bachelor						
Master						
Other						

Previous Academic Institute Name: \_\_\_\_\_

Annual/Semester Fee: \_\_\_\_\_ Roll No. \_\_\_\_\_ Scholarship: \_\_\_\_\_

**Scholarships you wish to apply through Advantage:**

Need-based Scholarship  Learn While You Earn (LWYE)  Interest Free Loan

Limited seats are available for Need-based scholarship. Therefore, University reserves all rights to transfer your name either in Interest Free Loan or in Learn While You Earn (LWYE).

## Financial Information

### 1. Details of Family Members (give details of all members currently studying including yourself)

Name	Age	Institution	Annual Fee	Scholarship (if any)	Parents' Contribution

### 2. Annual Income & Expenses

Total Earning Members: \_\_\_\_\_ Food Expenses: \_\_\_\_\_  
Father's Employment: \_\_\_\_\_ Medical Expenses: \_\_\_\_\_  
Mother's Employment: \_\_\_\_\_ Rental Expenses (if any): \_\_\_\_\_  
Self-Employment: \_\_\_\_\_ Electricity: \_\_\_\_\_  
Business Income: \_\_\_\_\_ Gas: \_\_\_\_\_  
Investment Income: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Rental Income: \_\_\_\_\_ Other Expenses: \_\_\_\_\_  
Total Income: \_\_\_\_\_ Total Expenses: \_\_\_\_\_

### 3. Asset Information (please state the number as well as market value)

Property (House/Land): \_\_\_\_\_ Vehicle(s): \_\_\_\_\_

### 4. Loan Information (if your family have any outstanding loan(s) please fill the following)

Amount Pending: \_\_\_\_\_ Expected Date of Payment: \_\_\_\_\_

#### Have you received any financial assistance/fee waiver from the GIFT University/College before?

Yes  No *If Yes, please state:*

Program: \_\_\_\_\_ Roll No. \_\_\_\_\_ Session: \_\_\_\_\_

Amount Received: Rs. \_\_\_\_\_ % assistance in last semester/year: \_\_\_\_\_

I certify that the information given on this form is accurate to the best of my knowledge. I understand that any misrepresentation may cause my dismissal from the GIFT University at any stage.

By signing this form, I acknowledge that I am aware of the rules and policies of the GIFT University's financial assistance program as laid down in the GIFT University Financial Assistance Application. I understand that to remain eligible for the financial assistance I have received; I must be a GIFT University student in good standing and comply with the following terms:

- I am responsible for submitting the renewal application.** Each financial assistance grant lasts for one semester only. As financial assistance recipient, I am responsible for submitting my renewal application with the proper documentation at least one month before the beginning of the next semester. I understand that no financial assistance grants will be applied retroactively.
- I have attached the required income documents.**
- I acknowledge that if my GPA/CGPA falls below the standards as per University rules and regulation, my financial assistance will be reduced or completely withdrawn in accordance with the University policy.**

I hereby accept the above mentioned terms and conditions.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Father's/Guardian's Signature

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## Personal Statement

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Please use this space to write a brief statement of support for your application for a scholarship.

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## For Official Use Only

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Form No. \_\_\_\_\_ Name: \_\_\_\_\_

### Additional Verification Requirement Details

Physical Verification       Re-interview       Program Change       Missing Document(s)

### Committee Recommendations

Waiver Awarded for Single Semester       Waiver Awarded for Complete Degree

### Waiver/Scholarship Details

FA: \_\_\_\_\_       LWYE: \_\_\_\_\_

Orphan: \_\_\_\_\_       Rejected

Loan Recommended       Easy Instalments Recommended

Comments by the FAC: \_\_\_\_\_

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Financial Advisor

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Deputy Director SFC

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Head Advantage

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**For queries related to this form, please contact us at:**

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*This form can also be downloaded from our website.*

Contact: **0300-8749866** | Landline: **+92 55 314 6900 (Ext. 3410)** | Email: **advantage@gift.edu.pk**

## AFFIDAVIT FOR PARENT'S / GUARDIAN'S INCOME

منکد طالب علم کا نام \_\_\_\_\_ والد/ہنت \_\_\_\_\_

سکنہ مکان نمبر \_\_\_\_\_ محلہ/بلاک نمبر یا نام \_\_\_\_\_ تحصیل \_\_\_\_\_ ضلع \_\_\_\_\_ صوبہ \_\_\_\_\_

کا/کی ہوں اور بقائمی ہوش و حواس ختمہ بلا اکراہ و اجبار غیر سے بلا ترغیب دیگرے بخوشی خود حلفاً آقرار کرتا/کرتی ہوں۔

دستخط طالب علم \_\_\_\_\_

1- یہ کہ مسمی/مسماںات \_\_\_\_\_ ولدیت \_\_\_\_\_

سکنہ \_\_\_\_\_ طالب علم سکالرشپ کے لئے اپلائی کر رہا/رہی ہے۔

2- یہ مسمی/مسماںات کے والدین (من محلف) بطور پیشہ/ملازمت ہیں۔ کاروباری یا ملازمت کا پتہ مندرجہ ذیل ہے۔

3- اور من محلف (والدین) کی ماہانہ آمدنی مبلغ \_\_\_\_\_ ہزار روپیہ ہے۔

4- یہ کہ محلف والدین کی ماہانہ آمدنی مبلغ \_\_\_\_\_ روپیہ سے زیادہ کسی طور نہ ہے۔

5- یہ کہ من محلف مذکورہ طالب علم کا تن تنہا کفیل ہے۔ اور دیگر کوئی شخص مذکورہ طالب علم کی کلی یا جزوی طور پر تعلیمی اخراجات کی مد میں مدد فراہم نہیں کر رہا۔

6- یہ کہ مذکورہ طالب علم کا/کی ذاتی ذریعہ آمدنی نہ ہے۔

7- یہ کہ مذکورہ طالب علم اس درخواست سے قبل کوئی دیگر سکالرشپ وصول نہیں کر رہا/کر رہی اور من محلف کی ماہانہ آمدنی میں کوئی اضافہ ہو جائے تو انتظامیہ کو بروقت اطلاع کروں گا/گی۔

8- یہ کہ واقعات مذکورہ بالا میرے علم و یقین سے درست ہیں اور اگر ماہوار آمدنی بتائی گئی آمدنی سے زیادہ ہوئی یا بیان حلفی دیتے وقت زیادہ تھی تو ادارے کی انتظامیہ سکالرشپ کو منسوخ کر دے گی اور اس صورت میں جو رقم طالب علم کو ادا ہو چکی ہوگی من محلف غلط بیانی کی پاداش میں تمام رقم معہ خرچہ بھی ادارے کو ادا کرے گا/گی۔

9- یہ کہ من محلف کی آمدنی بمطابق بیان بالادرسست ہے اور درخواست معہ بیان حلفی کے مندرجات من محلف نے پڑھ کر اور بخوبی سمجھ کر، مستقبل میں پیش آنے والی مالی ذمہ داری بوجہ غیر حقیقی بیان حلفی، تصدیق کئے ہیں۔

والدین \_\_\_\_\_

تصدیق: آج مورخہ \_\_\_\_\_ بمقام \_\_\_\_\_ تصدیق کی جاتی ہے کہ مندرجات بیان حلفی من محلف کے علم و یقین سے درست ہیں اور کوئی امر مخفی نہ رکھا گیا ہے۔

نام تصدیق کنندہ: \_\_\_\_\_ دستخط و مہر تصدیق کنندہ: \_\_\_\_\_

نوٹ: فارم اپنے علاقے کے چیئرمین/وائس چیئرمین/کونسلر سے ہی تصدیق کروائیں۔