



**ALLAMA IQBAL OPEN UNIVERSITY**  
**AIOU STUDENT SUPPORT FUND**  
**Directorate of Students Advisory & Counseling Services**

The Regional Director \_\_\_\_\_ Region

**Subject:** Application Form For: (✓ the relevant box)

Scholarship for Communities – SSF106  Scholarship for Women – SSF107

Program (with specialization if any): \_\_\_\_\_ Semester: Spring/Autumn 20 .

**PART-1**  
**(PARTICULARS OF APPLICANT)**

1. Name: \_\_\_\_\_
2. Son/Daughter of: \_\_\_\_\_
3. Roll No. \_\_\_\_\_
4. Reg. No. \_\_\_\_\_
5. Date of Birth: \_\_\_\_\_
6. CNIC No. \_\_\_\_\_
7. Community (Please Specify). \_\_\_\_\_
8. Ph No. \_\_\_\_\_
9. Email: \_\_\_\_\_
10. Postal Address: \_\_\_\_\_  
\_\_\_\_\_
11. Have you already availed the FINANCIAL SUPPORT from AIOU Yes  No   
If yes please specify/indicate Semester \_\_\_\_\_.
12. Course Codes for which Scholarship is required:  
i. \_\_\_\_\_ ii. \_\_\_\_\_ iii. \_\_\_\_\_ iv. \_\_\_\_\_ v. \_\_\_\_\_ vi. \_\_\_\_\_
13. Total Fee Due: \_\_\_\_\_
14. Reasons for obtaining the Scholarship:- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Please attach additional sheet if required)

I hereby certify that above information is correct to the best of my knowledge and the income of mine/parents is meager and couldn't meet my educational expenditure. I shall abide by all Rules & Regulations of ASSF and procedure laid down by the university. I also undertake that in case of any misconduct or action whatsoever not in the conformity with the university policy/procedure as the case may be, the scholarship will be refunded/deposited in the university's account.

Student Signature: \_\_\_\_\_

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

Verified & Forwarded by the Regional Director:

Signature: \_\_\_\_\_

**FOR OFFICIAL USE**

**SCHOLARSHIP FOR COMMUNITIES/WOMEN:** (please tick the relevant scheme)

Total fee due to the semester \_\_\_\_\_ program \_\_\_\_\_ is Rs \_\_\_\_\_  
and we recommended scholarship amount of Rs \_\_\_\_\_, which is \_\_\_\_\_ percentage (%age)  
of his/her tuition fee.

It is also stated that the amount of scholarship recommended for this student is under the  
allocated percentage of budget for this level.

**Signatures of Members of Committee:**

1. Member: \_\_\_\_\_ 2. Member: \_\_\_\_\_

3. Member: \_\_\_\_\_ 4. Chairperson: \_\_\_\_\_

5. Secretary : \_\_\_\_\_

**INSTRUCTION:**

1. The application form must be completed in all respect.
2. Full fee will be paid at the time of application for scholarship grant.
3. Please attach attested copies of the following documents.
  - i) Academic documents.
  - ii) C.N.I.C and “B” form (self/guardian)
  - iii) Income certificate of self or parent/guardian attested by a Gazetted officer or the local councilor.
4. Attach **original Bank Challan** and above mentioned documents along with this application form and submit to your concerned **REGIONAL OFFICE** before the due date.

Photocopy can be used.