**FINANCIAL ASSISTANCE - FACULTY OF MEDICINE/ SUSL**

**APPLICATION FORM**

1. **Full Name:**
2. **Registration No.**
3. **Permanent Address:**
4. **District:**
5. **Details of Family:**
6. **Details of School going Brothers/ Sisters**

|  |  |  |
| --- | --- | --- |
| Name | Date of Birth | School/ Institution attending |
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1. **Details of Brothers/ Sisters following a course of studies in any University/ Higher Education Institute**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Reg. No. | Course | Academic Year | University/ Institution attending |
|  |  |  |  |  |
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1. **Details of Brothers/ Sisters not entitled under i) or ii) as above**

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| --- | --- | --- | --- |
| Name | Age | Whether studying/ Employed | Name of School/ Institute of Employment |
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1. **Details of Farther**
2. Full Name:
3. Whether living or not:
4. If living, Age:
5. Occupation: (If not living, or if retired, mention occupation prior to the event)
6. Place of Employment:
7. Mention annual income from the employment/ Pension:
8. **Details of Mother**
9. Full Name:
10. Whether living or not:
11. If living, Age:
12. Occupation: (If not living, or if retired, mention occupation prior to the event)
13. Place of Employment:
14. Mention annual income from the employment/ Pension:
15. **Details of Guardian (If any)**
16. Full Name:
17. Age:
18. Occupation: (If not living, or if retired, mention occupation prior to the event)
19. Place of Employment:
20. Mention annual income from the employment/ Pension:

I hereby certify that the information provided by me are true and correct to the best of my knowledge. Further, I affirm that in the event of any of the above being proved false of inaccurate to the University authorities I am liable to be penalized.

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Date Signature of Applicant