



FAMS Application for Financial Aid for Education

SUBJECT TO AVAILABILITY OF FUNDS



Please send completed form and video profile by email to info@fams.org.uk

Form No: _____

Date of receipt: _____

To Be Filled by Student (In BLOCK LETTERS Only)

Basic Information

Surname _____

First Name _____

Father's Full Name _____

Mother's Name _____

National ID No. _____

Gender _____ Date of Birth _____

City of Birth _____ Religion _____

**Paste your
Latest P.P. Size
Photograph (Do
not staple)**

Please provide any other information regarding your parent's health & marital status (healthy/disabled/married/divorced etc.)

Contact Information If Address/phone or any other details changed:

Permanent/Home Address: _____ _____ _____ City: _____ District: _____	Present Address: _____ _____ _____ City: _____ District: _____
Phone (with ISD code): _____	Mobile No: _____
Email Address: _____	

Family Details:

Name of Father:	Age/Date of Birth:	Occupation/Salary
Name of Mother:	Age/Date of Birth:	Occupation/Salary

Address		
Name of Sibling	DOB/Age	Occupation & Salary/Study

Academic Information

Please mention details of FSC results and previous years educational qualifications, including entrance exams if applicable.

Std	Name of The School/ Institution/University	Month & Year of Passing	Percentage Marks/Score	Division/Class/Grade

Extracurricular activities: _____

Medical College/ Institute Details

Name of the Medical College: _____

Degree Course: _____ Duration: _____

Address: _____

City: _____ State/District: _____

Contact no: _____ Email Id: _____ Website: _____

Fees Information:

Particulars of Fees	Amount (PKR)	Amount (GBP)
Tuition Fees		
Hostel Fees		
Mess Fees		
Total		
Other contributions (own/family etc)		
Total Fees		

Additional Scholarships Information

Have you ever received support from other organizations or government? Yes/No _____ If Yes,

Organisation Name	Purpose of Scholarship/Grant	Amount Received	Year in which amount received	By Cheque/DD/Cash

Support to family members

Support receiving / received by your relatives in past / current from any organisation or relative Yes/No. If Yes,

Name of the Relative/Organisation	Relation	Purpose of Support	Amount Received	Financial Year	Last how many years have they been receiving support

Document Information (All Documents must be attested): Please note that this form will not be considered unless accompanied by the attested scans/copies of the following documents. (✓ **Tick marks the attachments**).

Sr. No.	Student Check List	Tick (Student)	Office Use
1.	Attested copies of past three annual examination mark sheet/result copies for school level and/or college level. FSC result card compulsory for new students		
2.	Proof of address/National ID Card & License agreement/Rent receipt/Bill etc.		
3.	Latest Electricity bill.		
4.	Divorce certificate/Divorce deed in case of divorcee. Death certificate of husband in case of widow is compulsory. Medical certificate for medically ill.		
5.	Proof of Income - Salary certificate or Govt. approved Income certificate or Pay Slip regarding the family income (Compulsory-applicable according to their nature of work).		
6.	Copies of certificates of academic, co-curricular & extracurricular activities where applicable.		

Signature: University Principle/

University Stamp

Scholarship Committee

Write in your own words why we should support you with the scholarship for education. In addition, Please record a 90 second video briefing the reason for your need of support and submit with application to info@fams.org.uk

Signature: _____

Date: _____