

Application #: _____ Dated of Receiving : _____
(to be filled by the SFP office)



IBA –SINDH FOUNDATION PROGRAM –2015

APPLICATION FORM

Note: IF YOU HAVE ALREADY FILLED-UP AN ONLINE APPLICATION FORM,
THAN THERE IS NO NEED TO SUBMIT THE PRINTED VERSION AGAIN.

ONLINE FORM : <https://talenthunt.iba.edu.pk>

LAST DATE OF SUBMISSION: NOVEMBER 16, 2014

ASSESSMENT TEST: NOVEMBER 30, 2014

RESULT OF ASSESSMENT TEST: DECEMBER 04, 2014

INTERVIEWS: DECEMBER 12, 2014

FINAL RESULT: DECEMBER 15, 2014

For Inquires contact us at:

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Website: http://sfp.iba.edu.pk

Mailing Address:

Coordinator – NTHP/SFP/STHP
IBA Main Campus,
Room No. 10(A), Abdul Razzaq Tabba Academic
Building, University Enclave,
University Road Karachi -75270

GUIDELINES FOR FILLING OUT THE APPLICATION FORM

- a) Read the general information thoroughly, which will enable you to complete the application form?
b) Attach the following as supporting documents along with your application:

- 1) Copies of Computerized NIC's of all family members _____
- 2) Salary slip / Income certificate (or Pension slip) of all earning family members * _____
- 3) Bank statements for last six month of all family members having an account. _____
- 4) Income tax returns of all earning family members for last year. _____
- 5) Fee bill and any concession document from the last institution you attended. _____
- 6) Utility bills last six month;
 a) Electricity _____ b) Telephone _____ c) Gas _____ d) Water _____
- 7) Saving certificates, bonds, shares, investments, CDC account statement. _____
- 8) Property ownership documents, including agriculture land, plots and houses. _____
- 9) Rent agreement (if applicable) _____
- 10) Loan document(s), including credit card bills and bank loan statements. _____
- 11) Medical bills / expenditure related documents. _____
- 12) Latest fee challans / Fee concession (scholarship / loan) document(s) of sibling(s). _____
- 13) Wealth statement for all family members for last year. _____
- 14) Your domicile certificates. _____
- 15) Any other relevant document(s) necessary to support your application. _____
- 16) Statement of purpose. _____
- 17) Educational documents (F.A./ F.Sc/ H.Sc.) _____

* **Note:** An **income certificate** is the document that shows monthly/annual income. If your parents/guardian is salaried, an original copy of a pay slip should be attached, otherwise if your parents/guardian owns a business they should submit Bank Statement for the last six months. If parents/guardian does not fall in either of the above two categories (that is salaried employee or business man) they should submit an undertaking on a stamp paper/affidavit (of Rs.20) stating their income and with relevant details.

GENERAL INFORMATION

- a) Submit the complete **IBA SINDH FOUNDATION APPLICATION FORM** to the Coordinator - IBA Main Campus, Room No. 10(A), Abdul Razzaq Tabba Academic Building, University Enclave, University Road Karachi, Latest by NOVEMBER 16, 2014
- b) Make photocopies of the application form when it reaches you, and keep the original in a safe place. Fill out the photocopies first and when everything is clear and final, copy out the same on the original.
- c) Read the form very carefully before filling it to be able to get a clear picture of the requirements.
- d) Fill in the form in **black ink with a ballpoint pen** and write in **block letters**.

TIPS FOR COMPLETING APPLICATION FORM

- a) Furnish factual, comprehensive and authentic information in the form.
- b) Provide educational information in chronological order.
- c) Carefully note down your enrollment number and remember to use it correctly during future correspondence.
- d) Answer all questions. Those not applicable should be marked N/A. All required documents (wherever applicable) listed below are to be attached.

PLEASE AVOID THE FOLLOWING

- X Provide vague / incomplete information.
- X Overwriting / scratching information on the form.
- X Submit the application with documents in wrong order without folder.
- X Leaving any question unanswered.

4 Photographs

Staple here

PERSONAL DETAILS : (Please use **BLOCK LETTERS** to fill the form)

Forms with incomplete information will not be processed.

Name:	
Father's Name:	Guardian's Name:
Domicile:	CNIC Card # (Student): (If not available, refer the B-Form)
Father's / Guardian's CNIC #: (Provide a copy of NIC)	Date of Birth ____/____/____ dd / mm / yyyy
Postal Address: (All future correspondence will be made on this address)	
TEHSIL:	
DISTRICT:	CITY:
PHONE #: ____/____ (City code)	MOBILE #:
Residential Address:	
TEHSIL:	
DISTRICT:	CITY:
Phone #: ____/____ (City code)	MOBILE #:
Email*:	

EDUCATIONAL DETAILS:

Attach an attested copy of all the result cards/ Mark sheets with your application form.

	Roll Number	Marks Obtained	Total Marks	Per. %	Passing Year / Month	School/ College Name
Matric (X)						
HSSC-Level -I (XI)						
HSSC-Level -II (XII)						
Stream of HSSC Level	Pre-Medical <input type="checkbox"/>	Pre-Eng. <input type="checkbox"/>	Gen. Sci. <input type="checkbox"/>	Arts/Commerce <input type="checkbox"/>	Other:	
Name of Examination Board					Roll No. (Last attended Examination)	

1. **Father's / Guardian's Name** _____
2. CNIC Number _____
3. Residential Address (if different from above): _____
4. Tel. # (Office) _____ Cell Phone # _____ Fax # _____ Email _____
5. Present Occupation (Give full details) _____
6. Designation _____ Name of Company / Employer _____
7. Monthly Income Gross _____ Net _____ Pension (if retired) _____
8. Annual Income Gross _____ Net _____
9. Previous Occupation (if applicable) _____
10. **Mother's Name** _____
11. CNIC Number _____
12. Residential Address (if different from above): _____
13. Tel. # (Office) _____ Cell Phone # _____ Fax # _____ Email _____
14. Present Occupation (Give full details) _____
15. Designation _____ Name of Company / Employer _____
16. Monthly Income Gross _____ Net _____ Pension (if retired) _____
17. Annual Income Gross _____ Net _____
18. Previous Occupation (if applicable) _____
19. **Spouse's Name** _____
20. CNIC Number : _____
21. Residential Address (if different from above): _____
22. Tel. # (Office) _____ Cell Phone # _____ Fax # _____ Email _____
23. Present Occupation (Give full details) _____
24. Designation _____ Name of Company / Employer _____
25. Monthly Income Gross _____ Net _____
26. Annual Income Gross _____ Net _____

1. **Details of Assets / Properties (Please mention current market values in Rupees)**

Value of Assets	Father	Mother	Spouse	Self	Brothers/Sisters/ Children	Total
Business	_____	_____	_____	_____	_____	_____
Land & Building	_____	_____	_____	_____	_____	_____
Vehicle(s)	_____	_____	_____	_____	_____	_____
Saving Accounts & Deposits	_____	_____	_____	_____	_____	_____
Investments	_____	_____	_____	_____	_____	_____
Others	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

2. Accommodation type:

- Apartment Bungalow Town House

3. Accommodation ownership: Family Owned Rented

4. If owned, area of plot _____ Constructed (Covered) area of the house _____

5. Locality of the house _____

6. Total number of rooms in house _____ Number of bedrooms _____

7. Number of Air Conditioners in house _____ Number of Television _____

8. Number of cars owned by the family (with make and model) _____

9. Any other house or flat owned by the family: Yes No

If yes, please give details regarding location, size, rent, etc., on a separate sheet.

10. Agricultural land owned by family: Yes No

If yes, please give details regarding location, size, rent, etc., on a separate sheet.

11. Bank savings Rs. _____ in the form of _____

12. Other investments Rs. _____ in the form of _____

13. Any other property or plots: Yes No

If yes, please give details regarding location, size, rent, etc., on a separate sheet.

14. **Details of Liabilities (Please mention current market values in Rupees):**

a) Amount Outstanding _____

b) Nature _____

c) Repayment Schedule (Please give full details) _____

d) Loan / Debt Maturity Date _____

e) Reason for obtaining loan / debt _____

1. Family Income (Please attach supports and give full details in Rupees)

Average Monthly Income arising from:	Father	Mother	Spouse	Self	Brothers/Sisters/Children/Other Supporting hands	Total
Salary	_____	_____	_____	_____	_____	_____
Business	_____	_____	_____	_____	_____	_____
Land & Building	_____	_____	_____	_____	_____	_____
Saving Accounts & Deposits	_____	_____	_____	_____	_____	_____
Investments	_____	_____	_____	_____	_____	_____
Others	_____	_____	_____	_____	_____	_____
Total	_____	_____	_____	_____	_____	_____

2. Annual agricultural income of family _____
3. Any other form of income from assets or otherwise _____
4. TOTAL FAMILY INCOME _____

5. Family Expenditure (Please attach supports and give full details in Rupees)

Dependent Family Members _____ Number of Siblings are Studying _____

Brothers/Sisters/Children/ Other Dependent Family Members	Age	Occupation (If working)	Name of Institution (if studying)	Fee (per month)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. In case of rented accommodation:
a) What is the annual rent Rs. _____ b) Is it paid by self / employer? (Strike out one)
7. Utilities Expenditure (average of last six months bills)
Telephone (or Mobile) Rs. _____ Electricity Rs. _____ Gas Rs. _____ Water Rs. _____ .
8. House hold expenditure (monthly average) Rs. _____
9. Education and transport expenses (monthly average) excluding the applicant's. _____
Tuition, Books & Stationery Rs. _____
Others (Please specify) Rs. _____
10. Car's Make _____ Regn. No. _____ Monthly average Fuel Consumption Rs. _____ (details required)*

* Provide information about all cars/ motorcycles that your family possesses.

11. Taxes (Please specify)
- (I) Income Tax: Rs. _____
- (II) Property Tax: Rs. _____
- (III) Others (Please Specify): Rs. _____
- Licenses _____
12. Travel (In Pakistan and abroad during the past two years. Please give details with approximate expenditure per visit).
- _____
13. Any other expenditure (not mentioned above) _____
14. TOTAL EXPENDITURE _____
- * Provide information about all cars / motorcycles that your family possesses.

Section : E		Details of other Financial Assistance Arrangements
		Amount (In Rupees)
Mode		_____
Self-financed / Other sources		_____
Financial assistance requested from IBA		_____
Total (Tuition fee only)		_____

Have you approached any other agency for assistance for your education i.e. banks, organizations, individual employer etc.

Agency	Applied For	Outcome

1. The information given in this application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. Further, If any information given in this application is found incorrect or false after grant of financial assistance, the Institute will stop further assistance and:
 - The admission of the Applicant will be cancelled in case of 1st Semester students.
 - In case of existing students, immediate repayment of the total Scholarship along with a fine amounting to the Scholarship paid to the student will be required. Such a student will also be disqualified for applying for any further loan / scholarship.
2. We do hereby give our consent and permit a bonafide employee of IBA carrying authority letter to visit the residential / other location mentioned as part of our particulars for the purpose of physical verification of information provided by me in the financial assistance application form.

 Date

 Signature of Parent / Guardian

 Signature of Applicant

References (Excluding Parents / Guardian):-

-
1. Name _____
 Relationship: _____
 Home Address _____
 Business Address _____
 Contact Information: Residence: _____ Office: _____ Cell: _____
 NIC #: _____ Signature: _____

 2. Name _____
 Relationship: _____
 Home Address _____
 Business Address _____
 Contact Information: Residence: _____ Office: _____ Cell: _____
 NIC #: _____ Signature: _____

SFP ASSESSMENT TEST CENTER:

Please choose one of the following centers for the SFP Assessment Test

- HYDERABAD** (FOR HYDERABAD & MIRPURKHAS STUDENTS)
- MIRPURKHAS** (FOR SUKKUR & LARKANA STUDENTS)

Note: The final decision of the test center lies with the SFP Program Office

Statement of purpose

Why do you require financial aid?

What about your background and/or interest makes you competitive for this program (please be as specific as possible)? (Attach separate sheet if required)

