



DHA SUFFA UNIVERSITY

Installment Application Form

BRIEF GUIDELINES FOR COMPLETING THE APPLICATION

This form is to be used when applying to pay the tuition fee in installment, so as to facilitate needy students to continue their studies at DSU. In order to qualify, a student must demonstrate need. The assessment of the application by the University shall be final.

How to Apply:

1. Complete and sign this form (follow the instructions given in the form)
2. Enclose/attach the required documentation (listed below)
3. Submit the application latest by _____.

Rejection of Incomplete Application:

An application for installment can be rejected if the application does not include the information or documentation necessary to process the case.

It is applicant's responsibility to provide accurate information about all income earned by the family, as at the time of application. Family, for the purposes of this application includes Father/Guardian, Mother, and siblings.

CHECKLIST

Please submit necessary documentation to support the information you have provided in this application. Before submitting the application, please ensure that you have included copies of the following documents:

- Pension Certificate in respect of Father/Guardian, Mother, Brothers and Sisters (where applicable)
- Salary Slips of last six months duly verified by Employer in respect of Father/Guardian, Mother, Brothers and Sisters
- Telephone bills (most recent/family residence)
- Gas bills (most recent/ family residence)
- Electricity bills (most recent/family residence)
- Paid fee Bills of Siblings (if any)
- Admission Offer Letter
- Last Six Months Bank Statement of Parents/Guardian

NOTE: In case the applicant is employed, he/she is to submit the above information in respect of himself/herself as well.

INFORMATION ABOUT THE APPLICANT (STUDENT)

| | |
|-------------------------|--------------------------|
| Name: | CNIC No: |
| DSU Roll/ARN No: | Academic Program: |
| Semester: | Batch: |

PRINCIPAL APPLICANT AND PARENT'S/GUARDIAN'S SIGNATURES

You are obligated to provide the information necessary for deciding whether you are eligible for an installment. Failure to provide the correct and complete information will result in refusal. University reserves the right to pursue disciplinary and/or legal action in case of inaccurate statement or forged documents.

By signing below, I confirm that I have read, understood and accepted the terms stated in this form, issued by DSU, and that all the information submitted with this application is true.

Applicant's Signature: _____

Date and place: _____ **Parent's Signature:** _____

FOR OFFICE USE ONLY

| Date Received | Application Received by (Name, Stamp and Signature) | Comments |
|---------------|--|----------|
| | | |

| Recommended By Deputy Registrar | Approved by Vice Chancellor |
|---------------------------------|-----------------------------|
| | |

SECTION A: FAMILY INFORMATION

| A.1 Information about Father/Guardian: [] Father [] Guardian | | | | | | |
|---|---------------|-------------------------|---|-------------------------------------|--|-----------------|
| Name: | | | | CNIC No: | | |
| Postal Address: | | | | | | |
| Telephone Number (Land line): | | | Cell Number: | | | |
| Email Address: | | | | | | |
| Profession: | | | Employment Status: | | <input type="checkbox"/> Working <input type="checkbox"/> Retired | |
| A.2 Information about Mother (Complete all that applies) | | | | | | |
| Name: | | | | CNIC No: | | |
| Postal Address: | | | | | | |
| Telephone Number (Land line): | | | Cell Number: | | | |
| Email Address: | | | | | | |
| Profession: | | | Employment Status: | | <input type="checkbox"/> Working <input type="checkbox"/> Retired | |
| A.3 Information about brothers/sisters in school/not working (Complete all that applies. Include all brothers and sisters) | | | | | | |
| Name (Eldest First) | Date of Birth | Relation Brother/Sister | Educational Institution and Grade/Class | Annual Tuition Fee | Annual Financial Aid/ Loan/ Scholarship | Granting Agency |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Educational Expense/Scholarship | | | | | | |
| A.4 Information about the brothers/sisters employed (Complete all that applies. Include all brothers and sisters) | | | | | | |
| Name (Eldest First) | Date of Birth | Relation Brother/Sister | Profession Service/Business | Designation | Company | Monthly Income |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Total Amount | | | | | | |
| A.5 Family income from Salary/Pension/Business/Agricultural/any other: | | | | | | |
| Relation | | Average Monthly Income | | Employer(s)/Name & Type of Business | | |
| Father/Guardian | | | | | | |
| Mother | | | | | | |
| Brothers/Sisters (Combined Monthly Salary/ Income) | | | | | | |

Applicant's Signature: _____

Date and place: _____

Parent's Signature: _____