Application #:	Dated of Receiving :
	(to be filled by the SEP 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

ASSESSEMENT 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:

Dr. Zeenat Ismail – Coordinator- NTHP/ SFP/STHP **Syed Rizwan A. Bukhari – Senior Executive**

Phone: +92(21)-38104700-1 Extension: 2632

Fax: +92(21) 99261807 or 99261508

Email: foundation@iba.edu.pk 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

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 * 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. 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 Razzag 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. Carefully note down your enrollment number and remember to use it correctly during future correspondence. c) 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.

Section: A:							Personal	Details	
									4 Photographs
PERSONAL DETA	ILS: (Plea	se use BLC	OCK LETTE	RS to fill	the form)				Staple here
Forms with inco	mplete info	rmation v	vill not be	process	ed.				
Name:									
Father's	Name:					Guard	dian's Name:		
Domicil	e:						Card # (Studen		
							available, refer th	ne B-Form) /	
	/ Guardian's a copy of N							mm / yyyy	<u> </u>
Postal A	Address: (A	All future co	orresponde	ence will l	be made on	this ac	ddress)		
							TEHSIL:		
DISTRICT PHONE #			CITY:				PROVINCE:		
PHONE #	: (City code)	/			Mobile #:				
Reside	ntial Add	lress:							
							TEHSIL:	T	
DISTRICT:			CITY:					PROVINCI	E:
Phone #:	(City co	/ de)			Мо	bile #:			
Email*:									
UCATIONAL DE		the result	cards/ Ma	ark shoo	ts with you	ır ann	lication form		
acii aii attestea	Roll	Marks Obtained	Total Marks	Per. %	Dassir	ng (School/ College N	Name	
Matric (X)	Number	Obtailleu	IVIAI NS		rear / IVIC	JIIIII			
HSSC-Level -I (X	1)								
HSSC-Level -II ()	-								
Stream of HSSC Level	Pre-Medio	cal	Pre-Eng.		Gen. Sc	i	Arts/Commerc	се	Other:
Name of Examination Board							Roll No.	ed Examination)	

Secti	on B:			Parents'/Guardian's Inform	nation
1.	Father's / Guardian's Name				
2.	CNIC Number				
3.	Residential Address (if different from above):	<u> </u>			
4.	Tel. # (Office) Cell Phone #	Fax	.# _	Email	
5.	Present Occupation (Give full details)				
6.	Designation	Name of Comp	any / Em	ployer	
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)			99 99	
15.	Designation	Name of Comp	any / Em	ployer	
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):	(<u>4)</u>			
22.	Tel. # (Office) Cell Phone #	Fax	.# _	Email	
23.	Present Occupation (Give full details)				
24.	Designation	Name of Comp	any / Em	ployer	
25.	Monthly Income Gross	Net			
26	Annual Income Gross	Net			

V	alue of Assets	Father	Mother	Spouse	Self	Brothers/Sisters/ Children	Total
В	Business						
L	and & Building	<u> </u>			- 3		
V	Pehicle(s)						
S	aving Accounts & Deposits						
Iı	nvestments	<u> </u>		<u> </u>	1/2	<u> </u>	
C	Others						
	Total	20 ST			- 355		
2.	Accommodation type:						
	 Apartmer 	nt o	Bungalow	0 T	own House	,	
3.	Accommodation owne	rship:	0 F	Family Owned	0	Rented	
1.	If owned, area of plot_		Construc	ted (Covered)	area of the	e house	
5.	Locality of the house_						
5 .	Total number of rooms	in house	Nı	umber of bedro	ooms		
7.	Number of Air Conditi	oners in house	S	Numbe	r of Telev	isio <u>n</u>	
3.	Number of cars owned	by the family	(with make an	nd model)			
).	Any other house or flat	owned by the	family:	Yes \square	No 🗆		
	If yes, please give deta	ils regarding lo	ocation, size, r	ent, etc., on a	separate sl	neet.	
0.	Agricultural land owner	ed by family:		Yes \square	No		
	If yes, please give deta	ils regarding lo	ocation, size, r	ent, etc., on a	separate sl	neet.	
1.	Bank savings Rs.		i	n the form of			
2.	Other investments Rs.		i	n the form of			
13.	Any other property or	olots: Yes □	N	lo 🗆			
	If yes, please give deta	ils regarding lo	ocation, size, r	ent, etc., on a	separate sl	neet.	
14.	Details of Liabilities (F	Please mention	current marke	et values in Ru	pees):		
	a) Amoun	Outstanding _					
	b) Nature						
	c) Repaym	nent Schedule	(Please give fu	ıll details)			
	d) Loan / I	Pebt Maturity l	Date				
	e) Reason	for obtaining l	oan / debt				

Section D: Family Income .Family Income (Please attach supports and give full details in Rupees) Average Monthly Father Self Brothers/Sisters/ Total Mother Spouse Income arising from: Children/Other Supporting hands 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 Family Expenditure (Please attach supports and give full details in Rupees) 5. Number of Siblings are Studying Dependent Family Members Brothers/Sisters/ Occupation Name of Institution Fee Age Children/ Other (if studying) (per month) (If working) Dependent Family Members 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 Others (Please specify) Rs. _____Monthly average Fuel Consumption Rs. _____ (details Car's Make Regn. No. 10. 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		
13.	Any other expenditure (not mentioned above)	2	
14.	TOTAL EXPENDITURE		
*	Provide information about all cars / motorcycle	es that your family possesses.	
Sect	tion : E	Details of other Fir	nancial Assistance Arrangeme
		Amount (In Rupees	
Mod	le	r	-,
Self	-financed / Other sources		
Fina	ancial assistance requested from IBA		
Tota	al (Tuition fee only)		
100	a (Taition fee omy)		
]	Have you approached any other agency for assis	stance for your education i.e. banks, organiz	cations, individual employer etc.
	Agency	Applied For	Outcome

Section F: UNDERTAKING

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.

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

- 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.

sress	Office:		
sressmation: Residence:	Office:		
ressnation: Residence:	Office:		
ress mation: Residence:	Office:		
nation: Residence:	Office:		
		Cell:	
	Signature:		
	Signature		
ress			
nation: Residence:	Office:	Cell:	
	Signature:		
re n	essation: Residence:	ess Office:	ess Office: Cell: Signature:

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)