One Photograph

Name and ID no. of the student (opposite site of the picture)

**AHSANULLAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**APPLICATION FORM**

**(For Distressed Students’ Welfare Fund)**

1. NAME OF STUDENT: ……………………………………………..........……………………...………...................
2. STUDENT ID: ……................................................ MOBILE NO.: ……………………………………..................
3. DEPARTMENT: ………………………. YEAR: ………………… SEMESTER: ………...………….....................
4. CGPA: ………………………………………………………………………………………………….....................
5. PERMANENT ADDRESS: ……………………………………………………………………………....................
6. PRESENT ADDRESS: …………………………………………………………………………..…….....................
7. NAME OF THE FINANCIER WITH PROFESSION AND ADDRESS: ……………………………..................... .………………………..............………………………………………………………………………….....................

        ………………………………………………………………………………….......……………………....................

        ………………………………………………………………………………….......……………………....................

1. RELATION WITH THE FINANCIER: …………………………………...............……………………...................
2. AVERAGE INCOME OF THE FINANCIER: ………………..........................................................…….............
3. NAME AND ADDRESS OF THE GUARDIAN/FATHER: …………...............………………………..................

       …………………………………………………………………………………...........……………….........................

1. HAVE YOU RECEIVED ANY GRANT FROM “DISTRESSED STUDENTS’ FUND” BEFORE?   
   (If Yes, how many times, when and amount received) …………………………………......….................................………............................................................................
2. HAVE YOU RECEIVED ANY GRANT FROM AUST BEFORE?

        (If Yes, how many times and when) ……………………………………..............………………………...................

1. WHY ARE YOU APPLYING FOR DISTRESSED STUDENTS' FUND? ELABORATE WITH ANOTHER APPLICATION AND NECESSARY DOCUMENTS.
2. REASON FOR APPLICATION (PUT TICK MARK):

(b) Financier-Disabled

(a) Financier-Expired

(c) Other reason

(Please explain. Use separate sheet, if required)

1. **SUPPORTING DOCUMENTS:**
   1. Application (Addressed to the Advisor, Students’ Welfare)
   2. Academic grade sheet/transcript (Immediate previous semester)
   3. Medical Documents [For Para 14(a) & 14(b)] to be verified by the AUST Medical Officer
   4. Other documents for Para 14(c) if any
   5. Salary statement/ Bank Statement/Business loss Certificates/other documents (from UP chairman/councilor) [For Para 9]

(Remark of MO if any: …………………………………...............…………………………………….....................

…………………………………………………………................……………………………………...............

(AUST Medical Officer)

(Signature of the Guardian/Father)

(Signature of the Student)

**Signature of the Head of the Departments/School with comments (Specially ensuring more than 60% class attendance in all courses):** ………………………………………………………………………………………………….

…………………………………………………………………………………………………..

**N.B.** If any information given above is found to be false the application will be cancelled.