

AHSANULLAH UNIVERSITY OF SCIENCE AND TECHNOLOGY

APPLICATION FORM (For Distressed Students' Welfare Fund)

One Photograph
with
Name and ID no.
of the student
(opposite site of
the photograph)

1. NAME OF STUDENT:
2. STUDENT ID: MOBILE NO.:
3. STUDENT'S E-MAIL:
4. DEPARTMENT: YEAR: SEMESTER:
5. CGPA:
6. PERMANENT ADDRESS:
7. PRESENT ADDRESS:
8. NAME OF THE FINANCIER WITH PROFESSION AND ADDRESS:
9. RELATION WITH THE FINANCIER:
10. AVERAGE INCOME OF THE FINANCIER:
11. NAME AND **MOBILE NO.** OF THE GUARDIAN/FATHER:
12. HAVE YOU RECEIVED ANY GRANT FROM "DISTRESSED STUDENTS' FUND" BEFORE?
(If Yes, how many times, when and amount received)
13. HAVE YOU RECEIVED ANY GRANT FROM AUST BEFORE?
(If Yes, how many times and when)
14. WHY ARE YOU APPLYING FOR DISTRESSED STUDENTS' FUND? ELABORATE WITH ANOTHER APPLICATION AND NECESSARY DOCUMENTS.
15. REASON FOR APPLICATION (PUT TICK MARK):
(a) Financier-Expired (b) Financier-Disabled
(c) Other reason Please explain. Use separate sheet, if required
16. WERE YOU/YOUR FAMILY AFFECTED BY COVID-19 ANYWAY? YES NO
17. **SUPPORTING DOCUMENTS:**
 - (a) Application (Addressed to the Advisor, Students' Welfare) [For Para 14]
 - (b) Photocopy of academic grade sheet/transcript (Immediate previous semester)
 - (c) Photocopy of Student's ID card and NID/SSC Certificate
 - (d) Medical Documents [For Para 15(a) & 15(b)] to be verified by the AUST Medical Officer
 - (e) Other documents for Para 15(c) if any
 - (f) Salary statement/ Bank Statement/Business loss Certificates/other documents (from UP chairman/councilor) [For Para 10]

(Remark of MO if any:

(AUST Medical Officer)

(Signature of the Student)

(Signature of the Guardian/Father)

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.