One Photograph with

Name and ID no. of the student

(opposite site of the photograph)

**AHSANULLAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**APPLICATION FORM**

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

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: ……………………………........................ .………………………..............………………………………………………………………………….....................

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

1. RELATION WITH THE FINANCIER: …………………………………...............……………………....................
2. AVERAGE INCOME OF THE FINANCIER: ………………................................................................…….............
3. NAME AND **MOBILE NO**. 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)

NO

YES

1. WERE YOU/YOUR FAMILY AFFECTED BY COVID-19 ANYWAY?
2. **SUPPORTING DOCUMENTS:**
	1. Application (Addressed to the Advisor, Students’ Welfare) [For Para 14]
	2. Photocopy of academic grade sheet/transcript (Immediate previous semester)
	3. Photocopy of Student’s ID card and NID/SSC Certificate
	4. Medical Documents [For Para 15(a) & 15(b)] to be verified by the AUST Medical Officer
	5. Other documents for Para 15(c) if any
	6. 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 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.