

THE ALAM AL-KHAYAL FOUNDATION (AKF)
QARZ-E-HASNA SCHEME
(Application Form)

Particulars of the Applicant

Student Name: _____

Postal Address: _____

CNIC / Form-B No: _____

Email Address: _____

Land Line No: _____ Mobile No: _____

Particulars of Family Breadwinner

Name: _____ CNIC No: _____

Status: _____ (*Alive / Deceased*)

Professional status: _____
(*Employed / Unemployed / Self-Employed / Retired*)

Name of Employer / Business: _____

Address: _____

Tel (Off): _____ Mobile: _____

Total Gross Monthly Income from all sources: _____

Particulars of Additional Breadwinner (Parent/Guardian/Sibling/Relative)

Name: _____ Relationship: _____

Occupation: _____

Designation: _____ CNIC No: _____

Name of Employer / Business: _____

Address: _____

Tel (Off): _____ Mobile: _____

Total Gross Monthly Income from all sources: _____

Academic Qualifications

| Degree | Board | Major subjects | Institution | Grades | Year | Fee/month |
|--------|-------|----------------|-------------|--------|------|-----------|
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State the tentative requirement of the cost and the contribution desired from AKF

| S.No | Month/year | Total cost | Own sources | Request for Qarz-e-Hasna |
|------|------------|------------|-------------|--------------------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Checklist of Required Supporting Documents

Attested copies of

- (1) 2 passport size photos
- (2) CNIC / Form-B of Applicant
- (3) CNIC of Father/ Mother/ Guardian
- (4) Income Certificate of Father/ Mother/ Guardian
- (5) Certificates of all academic qualifications
- (6) Utility bills including electricity, gas, telephone (last 3 months)

Please submit your dully-filled in application through one of the following ways. Please note: you will receive an email confirmation when we receive your application.

Email: humanitarian.aid@alamalkhayal.org

Post: AKF Humanitarian Aid Office,
5-J, Shabbir Road, Cantonment, Lahore, 54824, Pakistan

Affidavit

All information given in this application is correct and true to the best of my knowledge. I understand that any incorrect information will result in the cancellation of my application. If any information given in this application is found to be incorrect or false even after the grant of the Qarz-e-Hasna, I shall return all the payments, in addition to any legal proceedings, as deemed fit by AKF.

The Alam Al-Khayal Foundation reserves the right to verify the information given in this form.

Signature of Applicant: _____

Date: _____

Recommendation by School/College/University Principal/Dean/Teacher

I hereby recommended that the Applicant, Mr. / Ms. _____
_____, s/o - d/o _____
_____, qualifies for the AKF Qarz-e-Hasna
Scheme. I have known the Applicant for _____ (months/years)
and am confident that if he / she is able to complete educational degree, he / she will
become a productive and intelligent member of society and has great potential to do
good work and improve conditions for his / her family in the future as a result of a
better education.

Name: _____

Designation: _____

Department: _____

Institution: _____

Tel (Off): _____ Mobile: _____

Stamp & Signature: _____

Date: _____