

**AFFIDAVIT**

I, \_\_\_\_\_, Father/Guardian of \_\_\_\_\_ Roll no \_\_\_\_\_ who is a student of \_\_\_\_\_ program at Forman Christian College, in possession of my full senses and free will, do hereby solemnly affirm and declare as under that I am submitting the Financial Aid Form 2017-2018 under Code No \_\_\_\_\_ with (√) marked Documents. The (X) marked documents are not related to me or my immediate family.

Documents	(√/X)
Copies of CNIC(s) (for all members above age 18) and B-form (for all members below age 18)	
Copy of Death/Disability certificate (If applicable)	
Financial Aid Form Declaration duly signed by Father/Guardian on Affidavit.	
Conduct Certificate duly signed by Chief Proctor	
Kinship Proof e.g. Copies of Result Card, Degree or Alumni Card (If applicable)	
Third Party Acknowledgement Letter	
Income proof of all earning family members e.g : (Salary slip/Pension book/Business income certificate on letter head/Stamp paper)	
Copies of Income Tax Certificate & Latest Income Tax return (If applicable)	
Last 3 years Bank Statement of all earning members (If applicable)	
Saving certificates, Shares, Bonds or investments proof, Rental Agreement, Support from guardian/donor (If applicable)	
Latest Fard-e-Malkiat in case of Agricultural Land	
Copies of Latest Utility Bills e.g. Electricity, Gas, Water and Telephone etc (One Copy Each)	
Agreement Copy for Rented Accommodation (If Applicable)	
Fee Receipts and Scholarship/Concession Proof of Siblings (If applicable)	
Loan Repayment Documents (If applicable)	
Medical Reports and Receipts (If applicable)	
Any Additional Document/Proof related to Income/ Expenses.	

I, also, hereby declare that all the provided information in this financial Aid form and attached documents are complete, true and accurate to the best of my knowledge. I understand and acknowledge that if any of the information provided in this form is found false or inaccurate or if it is found that there is any intentional concealment of facts then my above named son/daughter would become ineligible for Financial Aid during his/her entire tenure at FCC and also a penalty of Rs.10, 000/- would be imposed and charged to the Tuition Fee Account of my above named son/daughter. Furthermore, Financial Aid given to him/her previously (if any) would also be reversed.

I agree to surrender the Security Deposits (General and Library) to be adjusted against the allocated Financial Aid (if provided) at the time of the completion of degree requirements/college left status of my above mentioned son/daughter.

Forman Christian College (A Chartered University) reserves the right to use information given in the form for verification and other purposes.

It is verified on oath at \_\_\_\_\_ on the \_\_\_\_ day of \_\_\_\_\_ 201\_ that the contents of this Affidavit are true to the best of my knowledge and belief and nothing has been concealed therein.

\_\_\_\_\_  
Deponent (Signature)

\_\_\_\_\_  
Deponent CNIC No.