



AL-ALEEM MEDICAL COLLEGE, LAHORE

Students Financial Support Committee

Performa for Interview for Fee Exemption

Name of Applicant: _____ Father's Name: _____

Class: _____ Session: _____ Roll No: _____ College ID: _____

CNIC: _____

Hostilities: ☐

Day scholar: ☐

Hostel Name: _____ Room No: _____

Contact number: _____ E-mail: _____

Father's Address:

Current: _____

Permanent: _____

Business: _____ Job: _____ Contact No: _____

Income: _____

Attach Evidence: (Salary certificate/ income tax returns for last two years) any other.

Mother: Housewife: ☐

Job: ☐

Mother's Address:

Current: _____

Permanent: _____

Business: _____ Job: _____ Contact No: _____

Income: _____

Attach evidence: (Salary certificate/ income tax returns for last two years) any other.

Any other source of income:

Brothers & Sister

1.	Age: _____	Student/ Job / Married: _____
2.	Age: _____	Student/ Job / Married: _____
3.	Age: _____	Student/ Job / Married: _____
4.	Age: _____	Student/ Job / Married: _____
5.	Age: _____	Student/ Job / Married: _____
6.	Age: _____	Student/ Job / Married: _____
7.	Age: _____	Student/ Job / Married: _____
8.	Age: _____	Student/ Job / Married: _____
9.	Age: _____	Student/ Job / Married: _____
10.	Age: _____	Student/ Job / Married: _____

Attach evidence:

1. If students attach school certificate with fee certificate / challan
2. If doing job attach salary statements

Mode of Payment of Fee at Al-Aleem Medical College, Lahore

1 st year MBBS: _____	Amount: _____
2 nd year MBBS: _____	Amount: _____
3 rd year MBBS: _____	Amount: _____
4 th year MBBS: _____	Amount: _____
Final Year MBBS: _____	Amount: _____

Academic progress: (attach copies UHS subject wise result)

1ST Professional Part- I: _____

2nd Professional Part- II: _____

3rd Professional Part- III: _____

4th Professional Part- IV: _____

5th Professional Part- V: _____

Applied for Bank Loan/ any other**Source if scholarship or stipend**
(with evidential documents)

Yes:

☐

No:

☐Parents House= Rented: ☐ Own: Size ☐ of House: _____Land (If any) Agriculture: ☐ Non Agriculture: ☐ How much: _____**Attach photocopies of**

1. Income Tax return of parents / guardian for year 2020 and 2021
2. Copies of electricity bills for months of June, July and August 2021

Any other scholarship
