



AL KAUSAR TRUST
FINANCIAL AID APPLICATION FORM

Personal Information:

1. Full Name: _____
2. Father's/Husband's Name: _____
3. CNIC Number: _____
4. Date of Birth: _____
5. Contact Number: _____
6. Address: _____
7. Number of Family Members: _____
8. Education: _____

Income Information:

1. Occupation: _____
2. Monthly Income: _____
3. Income Source(s):
 - Job: _____
 - Business: _____
 - Other: _____

Purpose of Financial Support (Tick One):

☐ Medical Case

☐ Ration Case

☐ Household Needs

☐ Other: _____



AL KAUSAR TRUST

Reason for Seeking Financial Support:

(Please briefly explain why you need financial assistance)

Relevant Documents (Please attach copies of the following, if applicable):

- ☐ CNIC Copy
- ☐ Pay Slip (if employed)
- ☐ Rent Agreement or Property Ownership Certificate
- ☐ Latest Gas Bill
- ☐ Latest Electricity Bill
- ☐ Medical Reports (if applying for medical support)
- ☐ Any other relevant documents: _____

Declaration:

I declare that the information provided above is true and accurate to the best of my knowledge. I understand that providing false information may disqualify me from receiving financial support.

Signature of Applicant: _____

Date: _____

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