

APPLICATION FORM 2017

Please read the requirements carefully. Fill in the form and tick in the appropriate columns.

All completed application forms must be submitted to:

ISRA INFAQ FUND (ISHRIF),
ISRA@INCEIF, Lorong Universiti A, 59100 Kuala Lumpur;
 or send to **sheila@isra.my** (subject: Application ISRA INFAQ FUND)

- 1) Application is open to student, non-student and staff of ISRA.
- 2) Assistance for student will be limited to tuition fees payment only.
- 3) Application form should be accompanied a complete documents as the following checklist:

a) A copy of student's matric card, NRIC (<i>for Malaysian students</i>) or valid International Passport with each travel pages (<i>for International students</i>);	<input type="checkbox"/>
b) A copy of applicants' latest bank statement;	<input type="checkbox"/>
c) Course registration slip (<i>current semester</i>);	<input type="checkbox"/>
d) Latest examination result slip or transcript;	<input type="checkbox"/>
e) Latest student/financial statement from Finance Division;	<input type="checkbox"/>
f) Latest parents or spouse or guardian salary slip/pension statement	<input type="checkbox"/>
g) Death certificate/Medical report/OKU identification card (<i>if any</i>).	<input type="checkbox"/>

- 4) All documents submitted with the application form will be the sole property of ISRA InFaq Fund (ISHriF). Any retrieval of the documents upon submission will not be entertained.
- 5) Applicants may be called for an interview.
- 6) All future communications will be sent through email.
- 7) Successful and rejected application will be notified in writing/email.
- 8) Application received incomplete (form or documents), will not be entertained.

A: PERSONAL INFORMATION							
Name of Applicant (<i>capital letter</i>)							
Matric		NRIC/ Passport No.					
Place of Birth		Citizenship		Date of Birth			
Age		Marital Status: Single <input type="checkbox"/> Married <input type="checkbox"/>	No. of Children		Gender : F <input type="checkbox"/> M <input type="checkbox"/>		

B: COURSE DETAILS (<i>student</i>)							
University				Faculty			
Programme/Course							
Enrolment/admission date : (<i>month /semester /year</i>)							
Level of study	PHD	<input type="checkbox"/>	Diploma	<input type="checkbox"/>	Full Time	Yes <input type="checkbox"/> No <input type="checkbox"/>	Current status: <input type="checkbox"/> Active <input type="checkbox"/> Graduated <input type="checkbox"/> Dismissed <input type="checkbox"/> Not completed
	Master	<input type="checkbox"/>	Others	<input type="checkbox"/>	Part Time	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Bachelor	<input type="checkbox"/>	-----				
Current study	Semester	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/>			Latest CGPA:		
	Year	0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			Previous CGPA:		
					Previous CGPA:		

C: CONTACT INFORMATION			
Applicant	Email Address <i>(please write clearly)</i>		
Mobile No.		House Tel. No.	
Complete Residential Address State & Postcode			
Occupation/Position		Monthly Gross Income:	
Complete Name and address of Employer			Office Tel no.
Health condition			

D: PARENTS / SPOUSE / GUARDIAN INFORMATION			
Information	Father	Mother	Spouse / Guardian*
Name			
Age			
NRIC/Passport No.			
Mobile No.			
House Tel. No.			
Complete Residential Address			
Occupation:			
Name and address of Employer			
Monthly Gross Income			
Health Condition:			

* Delete whichever is not applicable

E: SIBLINGS INFORMATION <i>(fill in the details about your siblings and family (if unmarried) or children (if married))</i>					
Name	Relationship	Age	Occupation	Marital Status	Monthly Income/ Expenditure

F: FINANCIAL AID FROM OTHER ORGANISATION					
<i>(Previously received or currently receiving, partial or full, exemptions, zakat, fee reduction, endowment fund, scholarship)</i>					
Name of Organisation/ Individual	Amount	Form of assistance (Scholarship/Loan/ Zakat)	Period of Aid		Status <i>available/expired/ suspended</i>
			From (Date/ year)	To (Date/ year)	

G - PART I: (To be completed by the applicant)

Amount Request						
Payment for	<input type="checkbox"/> Tuition fees		<input type="checkbox"/> Others (Please specify)			
Please specify items for the amount request (tuition fees, accommodation, utilities, transportation, library, processing fee, recurrent fee and etc.)	Items	Sem/Year	Amount (RM)	Items	Sem/Year	Amount (RM)
	1.			6.		
	2.			7.		
	3.			8.		
	4.			9.		
	5.			10.		
Reason (s) for applying						

G - PART 2: (To be completed by *University* – Dean/Head of Department/Faculty, not ISRA staff)

Recommendation:

I hereby confirm that the above named currently is our student and hereby support the application.

Signature: _____

Name: _____

Position: _____

Official stamp: _____ Date: _____

G - PART 3: (To be completed by the *Finance Department*)

Kindly provide us with a reference and confirm the amount request.

With reference to the above, we hereby confirm the above information and amount. As such please make arrangement for payment to the following account:

Amount	RM
Beneficiary	
Registration number	
Bank Name	
Account No	
Bank Address	
Email for payment advice	

Officer Name: _____

Position/ Department: _____

Telephone: _____

Email address: _____

(Please provide official stamp)

Signature: _____

Date: _____

Fax: _____

H - STUDENT'S DECLARATION

In the name of Allah, I _____ declare that all information given in this form is true and correct to the best of my knowledge. I understand should there be any false information, my application will be rejected and any decision made by the committee is final.	_____ Signature: Date:
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I - INCOME DECLARATION FORM - (only applicable to Parents/Spouse/Guardian *who does not have a salary slip/ income statement – item no.f, page 1*)

Student's Name			
Matric Number			
NRIC/Passport No:			

To: ISRA@INCEIF (ISHRIF)
 Lorong Universiti A
 59100 Kuala Lumpur

I _____ NRIC/Passport No. _____
 Father/mother/spouse/guardian* to the above student, hereby declare that I'm working as a _____
 _____ with a total gross income of RM _____ per month.

Date: _____

_____ Signature
 (father/mother/spouse/guardian)

*Delete whichever is not applicable

FOR OFFICE USE

Date received:

Approval date:

Decision: Approved Amount:

Rejected _____
