



Unique School System

A Project of ICMS education System Students' Concession/scholarship Form

Chapter's Name: _____ City: _____

Student Computer ID: _____

Student Name: _____ S/o. _____

Class: _____ Roll No. _____ Section: _____

Guardian Particulars

Name: _____ Relationship with Student: _____

Contact number: _____ CNIC #

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Retired _____ Disable _____ Current Monthly Income PKR _____

Postal Home Address: _____

To be filled if student is an orphan

Deceased Father Particulars

Name: _____ CNIC #

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NADRA Certificate of Deceased Parent - No.: _____ Dated: _____

Date

Signature of Current Guardian

Attachments:

1. Copy of Current Guardian CNIC
2. NADRA/Union Council Death Certificate

Recommended by Chapter's Principal/NWA

(Signature)

Verifying Departments

Signatures

1. Manager CRM
2. Manager Computer
3. Manager Finance

Approved: by Project Director

Yes/No

Deferred

Date

Manager Finance