

THE INSTITUTE OF CHARTERED ACCOUNTANTS OF PAKISTAN
Applying for the Financial Assistance under Students' Endowment Fund Nov 2017

For the students who are eligible for the financial assistance with a demonstrated financial need and are registered in a RAET as approved by ICAP and fulfill the criteria given below;

Criteria for Submitting the Application of Endowment Fund

AFC Level

- Minimum 80% in HSSC or equivalent qualification; or
- Minimum 65% marks in graduation/post-graduation; or
- Minimum two B's in A Level

CAF Level

For 1st attempt of CAF level

- AFC should be passed in 1st attempt.

After 1st attempt of CAF level

- All papers passed in 1st attempt or overall a maximum of one failure in CAF level shall be acceptable.

Limited number of Seats

- The seats under the Fund's financial assistance program are limited and eligible applicants will be shortlisted and be given financial assistance on the basis of merit list.

Note:

Students can apply for a maximum of 3 papers of CAF level in a single attempt.

Instructions for filling and submitting form

You are advised to read the instructions carefully before submission of your form:

1. Do not leave any field blank, write 'N-A' where not applicable
2. Attach attested copies of the documents mentioned in Annexure A (Guidelines)
3. RAET's undertaking should be filled and duly attested by an authorized official of that RAET with official stamp. (Mentioned in Annexure B)

Annexure A (Guidelines)

Sr.#	Copies of Documents / Certificates to be attached with the form:	Yes	No	N-A
1.	Applicant's CNIC / B Form			
2.	a. CNIC of Father/ Guardian b. CNIC/B.Form of Family Members who are currently dependent on father / guardian			
3.	In case father is deceased, his death certificate			
4.	SSC, HSSC (or equivalent) & Graduation degree			
5	One recent photograph.			
6	Exemption letter and all previous result cards received from ICAP			
7	RAET registration card and fee voucher			
8	Utility bills (Gas , Electricity, Water and Telephone) for the last month			
9	Residential Rental Agreement Copy			
10	Copy of fee voucher of siblings (if any) studying in School/College/University			
11	<u>Income verification :</u> a) Attested pay slip of father/guardian b) If source of income is agriculture/business/rentals, attestation of income and covered area of shop, size of land on a stamp paper from UC Nazim / Tehsildar / Numbardar, or any other supporting document c) Last six months bank statement.			

Notes:

- (i) Students are required to bring originals and photocopies for attestation and submission of forms to the nearest ICAP office.
- (ii) The amount of assistance will be at the discretion of the Management Committee depending on the circumstances of each case.
- (iii) Information provided by the candidates supporting their application and verification etc. would be kept strictly confidential.
- (iv) Incomplete applications, non-submission of all required documents and non-appearance in the interview (if required) may result in rejection of application.

Head Office Karachi Chartered Accountants Avenue Clifton Karachi-75600 UAN: 021-111-000-422	Regional Office Lahore 155-156, West Wood Colony Thokar Niaz Baig, Raiwind Road Lahore UAN: 042-111-000-422	Islamabad G-10/4, Mauve Area Islamabad, UAN: 051-111-000-422	Gujranwala Business Center, Opposite Chamber of Commerce, Main G.T. Road, Gujranwala. Phone: 0092-55 3252710,	Mirpur AJK Basic Health Unit (BHU) Building Sector D, New City Mirpur, Azad Jammu and Kashmir Phone: 05828-205296	Abbottabad Office No. 10 & 11, 1 st Floor, Yusef Jammal Plaza, Mansehra Road Abbottabad Phone: 0092-992-405515
Multan 3rd Floor, Parklane Tower Officers' Colony, Near Eid Gaah Chowk, Khanewal Road, Multan. Phone: 0092-61 6510511, 6510611	Faisalabad P- 3/33 East Canal road, Muhammadi Colony ,Near Govt. College of Commerce Abdullahpur, Faisalabad PH: 041-8531028	Peshawar House No. 30, Old Jamrud Road, University Town, Peshawar. Phone: 0092-91 5851648,	Quetta Civic Business Center, Hali Road, Phone: 0092-81 2865533	Sukkur Admin Block, Sukkur IBA, Airport Road, Sukkur. Phone: 0092-71 5806109 - Ext: 138,	Abbottabad Office No. 10 & 11, 1 st Floor, Yusef Jammal Plaza, Mansehra Road Abbottabad Phone: 0092-22-3821227

4. Financial Details

Applied for financial assistance before	Y / N	If Yes approved amount source of financial assistance: _____ Rs. _____
If No, how was the fees arranged(specify): - _____ _____		

5. Employment / Business Details of Father / Guardian

Father Guardian

Name:		Occupation:
CNIC:		Education:
Office Telephone No.		Cell No.
Name of Organization / Business Nature:		
Father/Guardian Business Address:		
Designation:	Age:	Monthly Gross Salary: Rs.
Monthly Net Salary: Rs.	Pension (if retired):	
House Area (In Marla):	House Ownership Own house/Rented/Company Accommodation/other:	
Other income (If applicable):		
Detail of House Hold Monthly Expenses		Amount in Rs.
Rent Expense		
Utilities		
Food		
Expenses incurred on the education of brother(s)/sister(s)		
Others (also mention the nature of expenses in this head)		
Total		

ANNEXURE B

RAET Endorsement

8. For session May / November, 20_____

Papers currently studying at RAET

AFC LEVEL	AFC-1 <input type="checkbox"/>	AFC-2 <input type="checkbox"/>	AFC-3 <input type="checkbox"/>	AFC-4 <input type="checkbox"/>	
CAF LEVEL	CAF-1 <input type="checkbox"/>	CAF-2 <input type="checkbox"/>	CAF-3 <input type="checkbox"/>	CAF-4 <input type="checkbox"/>	CAF-5 <input type="checkbox"/>
CAF LEVEL	CAF-6 <input type="checkbox"/>	CAF-7 <input type="checkbox"/>	CAF-8 <input type="checkbox"/>	CAF-9 <input type="checkbox"/>	

RAET total fee for this session (Net of Regd. Fee) Rs. _____

Concession approved for this session by RAET in % _____

Fee to be paid by the student for this session Rs. _____

Fee to be paid in words. _____

We recommend Mr. /Ms. _____ CRN # _____ For ICAPs Endowment Fund for this session.

Authorized Signature & Seal of RAET

Date:

FOR OFFICE USE ONLY

Applicant's name: _____ **CRN** _____

Application / Documents Checked and received by: _____

Initial & Date

Interviewed By: _____

Form Entered By: _____

Forwarded to the Reviewer Office: _____

Candidate's Copy

Name	
Father's Name	
CRN	

Application Received By _____ **Date** _____