

APPLICATION FORM
(Assistance for Education through Zakat Fund)

WORLD MEMON ORGANISATION

32/8, Street No.6, Muslimabad, Off-Kashmir Road, Karachi.
☎: 4910437 ; 4911642 – Fax: 4911963 – email: wmopc@yahoo.com
website: www.wmopc.com

Qualification for which financial assistance is required:	Paste your photograph here
Name of Institution ?	
Duration of course: No. of semesters / No. of years :	
Financial requirement: Per semester / Per year :	
Total financial requirement :	

I. APPLICANT'S PERSONAL DATA :

Full Name (in capital letters):	Date of birth	Place of birth
Father's / Husband's / Guardian's Name:		Identity Card No.
Surname :	Marital status : Single/Married/Widower/Widow	No. of children :
Father's / Husband's / Guardian's Occupation:		
Father's/Husband's/Guardian's place of Business / Employment:		
Father's/Husband's/Guardian's monthly income:		Total number of family members:
Name(s) of any other earning member(s) of the family and his relationship with the applicant :		Earning member's monthly income :
Residential address (Permanent):		
☎ numbers:		
Temporary address (if any):		
☎ numbers:		
Name of Jamat to which you belong and the Membership number, if any :	Is any person from your family a member of APMF ? If yes, please give details.	

II. EDUCATIONAL BACKGROUND :

Qualification	Institution from where qualified	Grade/Div./ Rank	Main Subjects:	Year of Passing
Matriculation				
O-level / A-level				
F.Sc/F.A./I.Com				
B.Sc/B.A./B.Com / BBA				
M.Sc/M.A./M.Com/ MBA				

III. APPLICANT'S EXPERIENCE :

Are you presently employed somewhere or have been employed previously, either part time or full time ? If yes, please give details of your employment as under :-

Employer	Period		Position/Designation	Income per month
	From	To		

IV. BREAK-UP OF ESTIMATED EDUCATIONAL EXPENSES :

Nature of educational expenses	Monthly	Six monthly	Annually	Total
i) Enrollment / Registration fee				
ii) Tuition fee				
iii) Examination fee				
iv) Practical Examination fee, if any.				
v) Others (specify)				
TOTAL :				
Less: Finances arranged Self :				
Others (please specify) :				
Amount for which assistance is required :				

V. VERIFICATION BY TWO GENTLEMEN
 BELONGING TO MEMON COMMUNITY :

We, the undersigned, hereby certify that the applicant is known to us and the particulars given by the applicant in this Form are correct to the best of our knowledge and belief.

Name (with surname)	Verification No.1	Verification No.2
	Occupation	
Name of Jamat /APMF Membership #		
Contact No(s):		
Signature		
Date		

VI. DECLARATION

I hereby solemnly declare that the information given by me in this Form is correct to the best of my knowledge and belief and nothing has been concealed.

Karachi,
 Dated: _____

 Signature of the applicant

 Signature of the Father/
 Guardian of the applicant.

(For office use only)

PAYMENT SCHEDULE

Installment	Amount	Date of payment	Signature of applicant
First			
Second			
Third			
Fourth			
TOTAL :			