

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

All completed application forms must be submitted to: sheila@isra.my

- Application is open to student, non-student and staff of ISRA. Assistance for student will be limited to tuition fees payment only.
- 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.
- Applicants may be called for an interview and all future communications will be sent through email. Successful and rejected application will be notified in writing/email.
- Application received incomplete (form or documents), will not be entertained.
- Application form should be accompanied a complete document as the following checklist:

1) A copy of student's matric card and NRIC or valid International Passport;	<input type="checkbox"/>
2) A copy of applicants' latest bank statement;	<input type="checkbox"/>
3) Course registration slip (<i>current semester</i>);	<input type="checkbox"/>
4) Latest examination result slip and/or transcript;	<input type="checkbox"/>
5) Latest student/financial statement from Finance Division;	<input type="checkbox"/>
6) Latest parents or spouse or guardian salary slip/pension statement	<input type="checkbox"/>
7) Death certificate/Medical report/OKU identification card (<i>if any</i>).	<input type="checkbox"/>

A: PERSONAL INFORMATION					
Name of Applicant (<i>capital letter</i>)					
Matric/ID		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"/>	
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					

B: COURSE DETAILS					
University		Faculty			
Programme/Course					
Enrolment/admission date: (<i>month /semester /year</i>)					
Level of study		<input type="checkbox"/> PHD <input type="checkbox"/> Master <input type="checkbox"/> Bachelor <input type="checkbox"/> Diploma <input type="checkbox"/> Others _____			
Mode		<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
Status		<input type="checkbox"/> Active <input type="checkbox"/> Deferred <input type="checkbox"/> Dismissed <input type="checkbox"/> Not completed <input type="checkbox"/> Others _____			
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"/>			
		Year 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>			
Result		Latest CGPA/Grade		Previous CGPA/Grade	
		Research status			

C: PARENTS / SPOUSE / GUARDIAN INFORMATION <i>(incomplete information will not be entertained)</i>			
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

D: 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

E: 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 <i>(Scholarship/ Loan/Zakat)</i>	Period of Aid		Status <i>available/ expired/ suspended</i>
			<i>From Date/year</i>	<i>To Date/year</i>	

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

Reason (s) for applying		
Amount Request	(Amount requested <i>must match and similar with financial statement issued by the finance dept.</i>)	RM
Payment for	<input type="checkbox"/> Tuition fees <input type="checkbox"/> Others (Please specify) _____	
Please specify: Items and semester for the amount request (tuition fees, accommodation, utilities, transportation, library, processing fee, recurrent fee & etc.)		
	Items	Amount (RM)
1)		
2)		
3)		
4)		
5)		

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: _____

Date: _____

Official stamp (name & designation):

H - 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	
University Registration no. (important)	
Bank Name	
Account No	
Bank Address	
Email for payment advice	

Official stamp (name & designation):

Date: _____

Telephone: _____ (direct number, no general line)

I - 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 or incomplete section, my application will be rejected, and any decision made by the Committee is final.

I consent that such information may be collected, used and disclosed by ISRA and its related stakeholders' and affiliates, and/or third-party service provider for processing this request and/or in accordance with its Data Protection Policy [www.isra.my/privacy-policy]

Signature: _____

Name: _____

Date: _____

J- INCOME DECLARATION FORM - (only applicable to Parents/Spouse/Guardian **who does not have** a salary slip/ income statement – item no.6, page 1)

Student's Name	
ID/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.

Signature

(father/mother/spouse/guardian)

*Delete whichever is not applicable

Date: _____

FOR OFFICE USE

Date received:

Approval date:

Decision: Approved Amount:

Rejected _____
