

**ISRA INFAQ FUND (ISHRIF)  
APPLICATION FORM 2021**

Please read the requirements carefully.

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

- a) Please note that ISHRIF-Zakat assistance is open to student, and staff of ISRA. This is a one-off payment and reimbursement is not applicable.
- b) 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.
- c) Applicants may be called for an interview and all future communications will be sent through email. Successful application will be notified in writing/email.
- d) Application received incomplete (form or documents) or incorrect, will not be entertained or processed.
- e) Application form should be accompanied a complete document as the following checklist:

1) A copy of Student's Matric card;	<input type="checkbox"/>
2) A copy of IC (for Malaysian) or valid International Passport (for International student);	<input type="checkbox"/>
3) A copy of applicants' latest bank statement (latest/updated, minimum with one-month transaction);	<input type="checkbox"/>
4) A copy of Course registration slip ( <i>current semester</i> );	<input type="checkbox"/>
5) A copy of latest examination result slip and/or transcript or research report;	<input type="checkbox"/>
6) A copy of updated financial statement from Finance Division that specify payment record and balance to be paid;	<input type="checkbox"/>
7) Latest Parents or Spouse or Guardian salary slip/pension statement or verification of income declaration if parents / spouse / guardian has no pay slip.	<input type="checkbox"/>
8) Death certificate/Medical report/Disability Certificate/ OKU identification card ( <i>if any</i> ).	<input type="checkbox"/>

Note: An application is NOT a guarantee of receiving financial assistance. Funds are limited and based on eligibility and availability.

Fill in the form and tick  in the appropriate box. You may tick more than 1 choice.  
 Incomplete section, column or supporting document will not be processed.

APPLICANT INFORMATION	
Name of Applicant	
Matric/ID	
NRIC/ Passport No.	
Place of Birth	
Citizenship	
Date of Birth	
Age	
Marital Status:	Single <input type="checkbox"/> Married <input type="checkbox"/> Single mother <input type="checkbox"/> Divorced
No. of Children	<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"/> Not applicable
Gender:	F <input type="checkbox"/> M <input type="checkbox"/>
Email Address (please write clearly)	
Mobile No.	
House Tel. No.	
Health condition	<input type="checkbox"/> OKU/disable <input type="checkbox"/> I have no chronic concerns <input type="checkbox"/> Yes, I have _____
Source of income-expenditure	<input type="checkbox"/> Parents <input type="checkbox"/> Working <input type="checkbox"/> Government <input type="checkbox"/> Siblings <input type="checkbox"/> Others _____
Category	<input type="checkbox"/> Fakir <input type="checkbox"/> Miskin <input type="checkbox"/> Refugee <input type="checkbox"/> Fi Sabilillah <input type="checkbox"/> Muallaf <input type="checkbox"/> Others
Complete Residential Address	
State and postcode	
Accommodation ownership	<input type="checkbox"/> Family owned <input type="checkbox"/> Rented (house) <input type="checkbox"/> Rented (room) <input type="checkbox"/> Hostel (university)
Monthly payment (latest)	RM
Current occupation/position, if any (research assistant/PA/driver/not working)	
Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Duration of the above position	<input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> ___ months <input type="checkbox"/> ___ years
Name and address of Employer	
Monthly Gross Income:	

INSTITUTION		
University		
Faculty		
Programme/ Course		
Enrolment/admission date: (month /semester /year)		
Level of study	<input type="checkbox"/> PhD <input type="checkbox"/> Master <input type="checkbox"/> Bachelor <input type="checkbox"/> Diploma <input type="checkbox"/> Others _____	
Study 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"/> Completed <input type="checkbox"/> Others _____	
Current study	Semester	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	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
Result	Latest CGPA/Grade	
	Research status (research mode)	Previous CGPA/Grade

<b>FINANCIAL AID</b> 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>month/year</i>	<i>month/ year</i>	<i>available/ expired/ suspended</i>

<b>FAMILY BACKGROUND</b>			
Details	Father ( <i>Name</i> )	Mother ( <i>Name</i> )	Spouse, if applicable
Name			
Age			
NRIC/Passport No.			
Residential Address/area			
Occupation ( <i>farmer/police/driver/laborer</i> )			
Sector ( <i>gov/private/self-employed</i> )			
Status ( <i>full-time/part-time</i> )			
Monthly Gross Income ( <i>actual currency</i> ) ( <i>salary/pension/income</i> )			
Name of Company/Institution/Business/Shop			
Health Condition ( <i>healthy/chronic disease/ pass away</i> )			
OKU/Disable (Yes/No)			

Sibling ( <i>Name</i> )	Relationship ( <i>brother/sister</i> )	Age	Occupation ( <i>working/studying</i> )
1)			
2)			
3)			
4)			
5)			
6)			
7)			

Total number of family members	
Total number of siblings	
Number of Siblings Married	
Number of Siblings are Studying (13y-17y)	
Number of Siblings are Studying (7y-12y)	
Number of Siblings are Studying (5y-6y)	
Number of Siblings 4 years old and below	
Number of Siblings (adult) not working/studying	

**INCOME DECLARATION FORM** - (only applicable to Parents/Spouse *who does not have a salary slip/ income tax-statement*)

<p>I, _____ of NRIC/Passport No. _____  am the _____ to the above student hereby declare that I am a/an</p>	
<p> <input type="checkbox"/> Self-Employed (e.g. personal/family business)      <input type="checkbox"/> Retiree  <input type="checkbox"/> Employed (e.g. freelance/contractor)                      <input type="checkbox"/> Housewife  <input type="checkbox"/> Unemployed    <input type="checkbox"/> Student </p>	
<p>I also declare that:</p> <p><input type="checkbox"/> I do not have income.</p> <p><input type="checkbox"/> I do have income of a monthly gross income of/ more or less (RM/IDR/PK/USD): _____.</p>	
<p>Confirmation by (Parents/Spouse):</p> <p>I hereby declare and confirm that all information provided by me in this declaration is true and correct.</p> <p>_____</p> <p>Date:</p>	<p>Verified/Witnessed by (University International Affairs/ Student Affairs Department):</p> <p>I hereby declare and confirm that all information provided in this section is correct.</p> <p>_____</p> <p>Name &amp; designation: Date:</p>

**AMOUNT REQUEST** (To be completed by the applicant)

Reason (s) for applying	
Current Status	<input type="checkbox"/> Denied Access to student portal <input type="checkbox"/> Barring from Attending Classes <input type="checkbox"/> Barring from Examination <input type="checkbox"/> Unable to view exam results <input type="checkbox"/> Unable to proceed with new semester registration <input type="checkbox"/> Certificates & Academic Transcripts withheld  Others (Please specify) _____
Total Amount Request	RM
Request Payment for	<input type="checkbox"/> Tuition fees (please attached updated financial statement) <input type="checkbox"/> Others (Please specify) _____

**D - ACCOUNT DETAILS** (To be completed by the Finance Department only)

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 (**online**) payment to the following account:

<b>Amount</b>	RM
<b>Beneficiary</b> (Account name)	
<b>Company Registration no.</b> (ID number with Bank)	
<b>Bank Name</b>	
<b>Account No</b>	
<b>Bank Address/Branch</b>	
<b>Email for payment advice/receipt</b>	

Official stamp (name & designation):

Date: \_\_\_\_\_

Telephone: \_\_\_\_\_

(Note: ISRA will release the approved amount directly to University's bank account.)

## E - 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](http://www.isra.my/privacy-policy)]

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_