

To,
The Registrar
University of Liberal Arts Bangladesh
688 Beribadh Road,
Mohammadpur, Dhaka.

Subject: Application for granting the Professor Anisur Rahman Student Hardship Loan.

Dear Sir,

I amID noa regular student of
.....Department of University of Liberal Arts Bangladesh
(ULAB). I have completed credits out of credits. My current CGPA is.....
.I have never come under any disciplinary measures till date. Due to the following reason; (please
tick \surd a appropriate one)

- Medical Treatment cost of guardian (who bear the financial cost) or student himself/herself Death or disability of the financial guardian

I need to apply for the Anisur Rahman Student Hardship Loan with the reimbursement of the following frequency; (use the tick \surd mark)

- 1 Month 2 Months 3 Months 4 Months

I, sincerely request you to consider my situation and grant my application for the loan and oblige thereby.

Signature of the Student

Date:

For office use only:

- a) Amount of Loan Sanctioned: Tk.
b) No. of Installments: (2/3/4 monthly)
c) Reimbursement Amount per Installment: Tk.

Approved

Not Approved

Registrar

Applicant's Information Form Prof. Anisur Rahman Student Hardship Loan

Minimum Eligibility Criteria to apply:

Program	Minimum Credit (to be completed)	Minimum CGPA (at the time of application)	Waiver Status
Undergraduate Program	63	3.00	Not more than 20% at the time of application
Graduate Program	28	3.00	

Applicant's Information:

Name of the Student: Student ID#

Program: BBA MSJ ENG BBS ETE CSE EEE MBA EMBA M. Comn. MA in Eng

Current Waiver Status: percent at the time of application.

Permanent Address:

Present Address:

.....
.....
.....

Are you a permanent resident of Dhaka? YES NO

Have you applied for any scholarship/tuition waiver at ULAB previously? YES NO

If Yes, in which term: Spring Summer Fall

Did you get any scholarship/waiver? YES NO

If Yes, at what percentage? %

Reasons for applying tuition waiver:

.....
.....
.....

Parent's Information:

Father's Name: Profession:

Mother's Name: Profession:

Cost of education at ULAB borne by: Parents Others

If others then,
(Relationship) (Name) (Profession)

Siblings Information: Number:

Status: Student..... Employed..... Others.....

Signature of the Applicant

Date:

Cell#

Declaration of Father/Mother/Guardian Relating to Financial Background

I,....., am providing the following information
(name of father/mother/guardian)
in support of the application of my son/daughter/brother/sister/ for
(if others, please specify)
sanctioning Hardship Loan:

a. Profession:

b. Source of Income:

c. TIN certificate number:

d. NID card number:

e. Number of members in the family: _____
Adult Children

f. Number of earning members in the family:.....

g. Address:

<u>Permanent</u>	<u>Present</u>
.....
.....
.....

Signature with date

Documents enclosed:

- Photocopy of TIN certificate, as appropriate
- Photocopy of NID
- Salary/income certificate, as appropriate
- Medical Documents (If applicable)