



FAMS
(Financial Assistance for Medical Students)

APPLICATION FORM A

I. Applicant's details

Name:

Date of Birth:.....

National I.D. No:.....

Address:.....

Tele.No:.....email:.....

Year of entry in college.....

Current class/ year.....

Medical college:.....

II. Parent's/ Guardian details

Father's / Guardian Name:.....

National I.D. No.....

Address(if different from above).....

Occupation:.....

Annual income:.....

Applicant's Signature

Date:

Parents/Guardian Signature

Date:

IMPORTANT:

FAMS reserves the right to use pictures, interviews and motivational data for promotional purposes



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APPLICATION FORM B

Attestation from the principal

I, hereby, confirm that the details provided by Mr/Miss/Mrs.....
in the attached application form A are correct to the best of my knowledge. He/she is
registered as a regular student of this college.

I further certify that:

- He/she is unable to pay his/her college fee and qualifies for financial assistance under the FAMS program
- He/she bears a good moral character and his/her behavior has been consistently satisfactory.
- He/she is not receiving stipend/scholarship from any other source.
- He/she could be terminated from the FAMS program at any stage if the information provided initially was fraudulent.

Principal's Signature

College Stamp

Dated:

Please send the completed forms A& B to:

Dr. Aamir Ayub
e-mail : aamir234@hotmail.com
www.fams.org.uk