

**ISRA INFAQ FUND (ISHRIF)
APPLICATION FORM 2022**

Please read the requirements carefully.

- 1) Please note that ISHRIF-Zakat assistance is open to students, and staff. This is a one-off payment and reimbursement is not applicable.
- 2) All documents submitted with the application form will be the sole property of the ISRA InFAQ Fund (ISHRIF). Any retrieval of the documents upon submission will not be entertained.
- 3) Applicants may be called for an interview and all future communications will be sent through email. The successful applicant will be notified in writing/email.
- 4) Application received incomplete (form or documents) or incorrect, will not be entertained or processed.
- 5) The application is open every month. The deadline for submission is before the 15th of the month.

Supporting Documents:

The application form should be accompanied by complete documents as the following checklist:

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

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

Instructions:

- 1) All completed application forms must be submitted to: sheila@inceif.org
- 2) Combine all your documents into one PDF file as the above sequence.
- 3) Email subject line: ISHRIF (your name).
- 4) Don't leave any required sections blank. You can always write "not applicable" or "N/A".

Fill in the form and tick in the appropriate box. You may tick more than 1 choice.
 Incomplete sections, columns, or supporting documents will not be processed.

APPLICANT: DETAILS	
Name of Applicant	
Matric/ID	
NRIC/ Passport No.	
Place of Birth	
Citizenship	
Date of Birth	
Age	
Marital Status:	<input type="checkbox"/> 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:	Female <input type="checkbox"/> Male <input type="checkbox"/>
Email Address <i>(please write clearly)</i>	
Mobile No.	
House Tel. No.	
APPLICANT: BACKGROUND	
Health condition	<input type="checkbox"/> Persons with disabilities <input type="checkbox"/> I have no chronic concerns <input type="checkbox"/> Yes, I have _____
Source of income-expenses	<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 (<i>house</i>) <input type="checkbox"/> Rented (<i>room</i>) <input type="checkbox"/> Hostel (<i>university</i>)
Accommodation monthly payment (latest)	RM
APPLICANT: EMPLOYMENT	
Applicant's current occupation/position, if any <i>(research assistant/PA/driver/teacher/tutor/not working)</i>	
Duration of the above position <i>(ongoing/3 months/1 Jan-31 May 2022)</i>	
Status	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
Name and address of employer	
Monthly gross income/allowance:	

INSTITUTION				
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 _____			
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		Previous CGPA/Grade	
	Research status (<i>viva/collecting data</i>)			

FINANCIAL AID from other organisation - including ISRA/INCEIF (previously received or currently receiving, partial/full, exemptions, zakat, fee reduction, loan, scholarship)					
Name of Organisation /Individual	Amount	Form of assistance (<i>Scholarship/ Loan/Zakat, etc.</i>)	Period of Aid		Status
			<i>month/ year</i>	<i>month/ year</i>	<i>available/ expired/one-off</i>

FAMILY BACKGROUND			
Details	Father	Mother	Spouse (<i>married</i>)
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/Business/Shop			
Health Condition (<i>healthy/chronic disease/ pass away</i>)			
Persons with disabilities (<i>Yes/No</i>)			
Currently staying at			

(Please stated where necessary - not working/housewife/passed away/freelance.)

SIBLING (Name)	Relationship (brother/sister)	Age	Occupation (working/studying)
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			

CHILDREN (Name)	Age	Occupation (working/studying)
1)		
2)		
3)		
4)		
5)		
6)		

Total number of family members	
Total number of Siblings (<i>including applicant</i>)	
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	
Grandparents, Uncle/Aunt, or Cousins are living in the same household?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

I, _____ of NRIC/Passport No. _____
am the _____ to the above student hereby declare that I am a/an:

Conditions	Please obtain verification from the following authority
1) <input type="checkbox"/> Employed, with no salary slip (e.g., contractor/food vendor, part-time tutor). I do have income of a monthly gross income of/ more or less (RM/IDR/PK/USD): _____.	Employer:
2) <input type="checkbox"/> Self-Employed (e.g., personal/family/online business). I do have income of a monthly gross income of/ more or less (RM/IDR/PK/USD): _____.	Village Head/Chief/Imam/Community Leader:
3) <input type="checkbox"/> Unemployed and I do not have income.	Village Head/Chief/ Imam/Community Leader:
4) <input type="checkbox"/> Retiree I do receive monthly payments of/ more or less (RM/IDR/PK/USD): _____.	To attach a copy of the proof of payment (Dec 2021)
Confirmation by (Parents/Spouse): I hereby declare and confirm that all information provided by me in this declaration is true and correct. _____ Date:	

AMOUNT REQUEST (To be completed by the applicant)

Status & Reason	<p>Status:</p> <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. <input type="checkbox"/> Active, registered, no restriction. Others (Please specify) _____
Total Amount Request	RM
Request Payment for	<input type="checkbox"/> Tuition fees (please attached updated financial statement) 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:

Amount	RM
Beneficiary (Account name)	
Company/University Registration no.	
Bank Name	
Account No	
Bank Address/Branch	
Email for payment advice/receipt	

Official stamp (name & designation):

Date: _____

Telephone: _____

(Note: INCEIF 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 INCEIF and its related stakeholders' and affiliates, and/or third-party service provider for processing this request and/or in accordance with its [Privacy Policy](#)

Signature: _____

Name: _____

Date: _____