

# UNITED WELFARE FOUNDATION

Regd. F / 39715 / THANE. DATED. 24 / 07 / 2019

A-05/605, MILLENNIUM TOWER, SECTOR 09, SANPADA, NAVI MUMBAI, THANE 400705



## STUDENT AID REQUEST FORM

DATE : 18/6/2025

### STUDENT INFORMATION (PLEASE FILL FORM IN BLOCK/CAPITAL LETTERS)

Student Name : ALIZA SADIQ MALIM Gender : ☐ Male ☒ Female  
School Name & School Address : ST. ISABEL SCHOOL MAZGAON NEAR POST OFFICE  
MUMBAI 400010  
Study Medium : ☒ English ☐ Urdu ☐ Marathi Class : 3 BT B Academic Year : \_\_\_\_\_  
Parent/Guardian Name : SADIQ SHAUKAT MALIM Mobile / Telephone : 9987083114  
Residential Address : SHIRIN MANZIL ROOM NO. 4 MAZGAON HATI BAUG D'NSINH. Road  
Source of Income : 8000 monthly Reason for Request : Father Salary  
Documents Attached : ☒ Marksheet ☒ Fees Structure Request Amount : \_\_\_\_\_

### SCHOOL BANK INFORMATION

Account Holder Name	Account #	IFSC Code	Bank Name & Branch
ST. ISABEL'S HIGH SCHOOL	750021001634725	KKBKDKM302	KOKA MERCANTILE CO-OP BANK LTD. MAZGAON BRANCH

### ADHERENCE TO UWF STUDENT AID GUIDELINES

I, the undersigned verify that the above mentioned information is true to the best of my knowledge and that UNITED WELFARE FOUNDATION reserves the right to refuse to provide its aid if the below mentioned is not fulfilled before 1<sup>st</sup> June of the requested Academic Year :

- Request Form to be completely filled up and signed by the Student Parent/Guardian.
- In case of previously aided student, the Student Aid - Acknowledgment Form must be submitted before 31<sup>st</sup> December of the requested Academic Year.
- Submittal of copy Final Exam Marksheet of the year appeared along with fees structure.
- Student Parent / Guardian Contact Number/s for future communications on academic progress.
- The progress and performance of the student is the responsibility of the member / coordinator.

Parent/Guardian Signature : Sadiq

Coordinator Name : ANWAR MOHAMMADALI KASU

Coordinator Signature : [Signature]

### FOR APPROVAL OF UNITED WELFARE FOUNDATION

Request Status : ☐ Accepted ☐ Rejected If Rejected, provide reason : \_\_\_\_\_

Granted Amount : \_\_\_\_\_ Rs./Year

UWF President

UWF Vice President

UWF General Secretary

UWF Chief Treasurer

Please email the form only on: [united\\_welfare\\_foundation@outlook.com](mailto:united_welfare_foundation@outlook.com)