UNIVERSITY OF KARACHI HEC-NEEDS BASED SCHOLARSHIP-2016

Scholar's Application for Payment of Stipend & Semester Fee for 2016

Year of Award of Scholarship										
2013	2014	2015								
(✓) Tick any one										

Name:										Fath	er's N	ame:										
Departme	ent:											Class										
						December																
Degree Program:			Completion Year for Degree Program:								:	16	17	18	19	20	21	22				
Seat Number:					Semester Fee: Rs.																	
CNIC#						_								-								
			!]	Amount of Calculation Decade and Alle Man																		
Date of Award of Scholarship				Amount of Scholarship Received with date																		
						1st Installment Rs.							Dated:									
]	2nd Installment Rs. 3rd Installment Rs.							Dated: Dated:									
UBL Bank Acct #						3ra i	nstaii	ment	KS.						Dai	.eu.						
Postal Address:																						
														,								
Mobile(1):					-									Tel:								
Mobile(2):					-									Tel:								
E-mail Address (1): (2):																						
Undertaking from Parents / Guardian I hereby undertake that above stated information is correct to the best of my knowledge. I am fully conversant that in case I above mentioned student mis-stated any fact/information at any stage of pre/post selection of needy support, my support would automatically be cancelled from HEC Needs Based Scholarship Program and I am bound to refund the amount thereafter within 45 days or otherwise University reserves the rights to exercise legal proceedings against me in any court of																						
Parents /	Guard	lian Si	ignatı	ıre												Ann	licant	Signa	ture			
Parents / Guardian Signature Applicant Signat Name and Relation:								care														
CNIC#:																						
					<u>C</u>	ertfic	ate f	rom	Chair	pers	on of	the I	Depa	rtme	<u>nt</u>							
It is certif	fied th	at the	abov	e men	tione	d stud	dent is	s, regu	ılar w	ith _		% of	atteno	dance	and h	as su	ccessi	fully p	oromo	ted to)	
next class	s in 20	16, cu	ırrent	ly stu	dying	in 3r	d/5th/	7th/9	th ser	neste	r.											
I strongly	recon	nmeno	d his/l	ner ca	se for	next	insta	llmen	t payı	nent	of sen	nester	dues	and s	tipen	d und	er HE	C-NE	BSP.			
Chairpers Dated:	on Sig	natur	e & S	tamp																		
				4	ATTE	STED	DOCL	JMEN	ITS TO	BE A	TTAC	HED	WITH	THE	FORM	<u>1</u>						
 Cop Cop 	y of A _l y of U y of Er y of al	nivers nrollm	ity ID nent C	Card Card	ts						5. 6. 7. 8.	Copy	of Do		e er Fe	e Vou	cher ((Paid) Qty-2))			