Last Date of Form Submission

October 18, 2019 (Friday)

(if available)

UNIVERSITY OF KARACHIHEC-NEEDS BASED SCHOLARSHIP-2018

Scholar's Application for Payment of Stipend & Semester Fee for 2018

Name:	Name:										Father's Name:													
Department:											Class:													
-																December								
Degree Program:						Completion Year for Degree Program: 16									17	18	19	20	21	22				
Seat N	er:													Semester Fee: Rs.										
CNIC#							-								-									
Date of Award of Scholarship							Amount of Scholarship Received with date																	
								1st Installment Rs. Dated:																
						_	2nd Installment Rs.									Dated:								
UBL Bank Acct #							3rd Installment Rs.									Dated:								
							4th Installment Rs.									Dated:								
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PUSIAI	Auu	1635.																						
Mobile((1):					-									Tel:									
Mobile((2):					_									Tel:						,			
E-mail Address (1): (2):																								
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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 law to recover the amount at my cost.																								
Parents / Guardian Signature																	Applicant Signature							
Name a	and	Relat	tion:																					
CNIC#:																								
Certficate from Chairperson of the Department																								
It is cer									_												oted to)		
next class in 2019, currently studying in 3rd/5th/7th/9th semester <u>or</u> have completed the degree program in 2018. I strongly recommend his/her case for next installment payment of semester dues and stipend under HEC-NBSP.																								
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Chairp	ersc	n Sig	natu	re & S	tamp)	_																	
Dated:																								
ATTESTED DOCUMENTS TO BE ATTACHED WITH THE FORM																								
2. C	opy opy	of U	nivers irollm	nt CN sity ID nent C er pro	Card ard				5. 6. 7.	Copy	of D	omici	le	rdian e Vou)							