

**CHILDREN OF IN SERVICE UNIVERSITY EMPLOYEES
APPLICATION FOR GRANT OF EDUCATIONAL SCHOLARSHIP OUT OF
BENEVOLENT FUND PART-I**

(SCHOLARSHIP IS ADMISSIBLE FOR ONLY ONE CHILD OF POST MATRIC CLASSES)

1. **Name of Univ. Employee.** _____
2. **Designation** _____
3. **Department** _____
4. **Date of Birth** _____
5. **Date of Appointment** _____
6. **Date of Retirement** _____
7. **Annual Income of the Employee from all Sources** _____
(Please specify source)

8. UNDERTAKING

I do hereby solemnly declare and affirm that contents of the above application are true to the best of my knowledge and belief that I have concealed nothing. I know that in the event of making a willful misrepresentation or suppression of facts, I shall be liable to **disciplinary action**.

(SIGNATURE OF THE EMPLOYEE)

9. CERTIFICATE

(By the Head of Department of the Employee)

I certify that the applicant is a regular employee of the University and subscriber to the Benevolent Fund. I also certify and attest the details furnished above and:-

- I. Recommend the grant of Scholarship.
- II. Do not recommend the case for reasons. _____

Signature and Seal
Chairman of Department.
P.T.O.

10. PARTICULARS OF THE STUDENT OF POST-MATIC CLASS FOR WHOM AWARD OF SCHOLARSHIP IS REQUIRED

- i. Name _____
- ii. Name of the Institute where studying _____
- _____
- iii. Class _____
- iv. Registration No. _____
- v. Year of Admission _____
- vi. Annual Fee _____
- vii. Result of the previous Examinations. _____

Matric _____ F.A, F.Sc, _____

B.A, B.Sc., _____ M.A, M.Sc. _____

11. CERTIFICATE BY THE HEAD OF THE EDUCATIONAL INSTITUTION OF THE STUDENT.

Certified that:-

- I. Information given under Col. 10 are correct.
- II. He/She is not receipt of any other Scholarship or any Financial Assistance out of Poor Fund, Zakat Fund and Qarz-e-Hansa amounting to Rs. _____ Per month/per/annum.

Signature and Seal
Head of the Educational Institution.