

Price Rs. 50/-  
To be deposited in the Bank  
Challan No. \_\_\_\_\_



Sr. No. \_\_\_\_\_

Dated: \_\_\_\_\_

## **UNIVERSITY OF POONCH RAWALAKOT**

**APPLICATION FOR THE GRANT OF EDUCATION SCHOLARSHIP OUT OF BENEVOLENT FUND**

**Session:** \_\_\_\_\_

### **A) Employee's Data**

1. Name of Employee/Widow: \_\_\_\_\_
2. Designation: \_\_\_\_\_ Department: \_\_\_\_\_
3. Date of joining the service: DD / MM / YYYY Total length of service: DD / MM / YY
4. University employee held such post permanent:  No  Yes
5. Present Scale: BPS- \_\_\_\_\_ Last salary drawn: Rs. \_\_\_\_\_
6. Date of contribution towards Benevolent Fund: \_\_\_\_\_

### **B) Student's Data**

7. Name of wards: \_\_\_\_\_ Class: \_\_\_\_\_
8. Name of Institute: \_\_\_\_\_
9. Class passed: \_\_\_\_\_
10. CNIC No.  (Attach attested copy of Form-B)
11. Marks obtained: \_\_\_\_\_ Total marks: \_\_\_\_\_ Percentage: \_\_\_\_\_ CGPA: \_\_\_\_\_  
(Attach attested copy of Mark sheet/Certificate)

Signature: \_\_\_\_\_

Stamp \_\_\_\_\_

**Note:** In case, application is moved by a widow, a written statement on Stamp paper shall be required to the effect that she has not remarried and solely dependent.

I do hereby solemnly affirm and verify that the contents of the above application are true to the best of my knowledge and belief. I know that in the event of making a willful mis-representation of facts, I shall be liable to criminal persecution.

Name of Employee: \_\_\_\_\_

Signature: \_\_\_\_\_

Relation with Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Signature Head of the Department \_\_\_\_\_

Stamp \_\_\_\_\_

I certify and attest the details furnished above from the record available in this office:

Recommended:

Not-Recommended:

Reason (if not recommended): \_\_\_\_\_

Signature of Committee: