

GC WOMEN UNIVERSITY FAISALABAD



GCWUF/BF-01

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

1. Name of University Employee _____
2. Designation _____
3. Department _____
4. Date of Birth _____
5. Date of Appointment _____
6. Date of Retirement _____
7. Annual Income of the Employees from all sources _____
 (Please specify sources)
8. Name of Bank & Account No. _____

9. **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 wilful misrepresentation or suppression of facts, I shall be liable to disciplinary action.

(SIGNATURE OF THE EMPLOYEE)

10. **CERTIFICATE**

(By the Head of Department of the Employees)

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 & Seal
 Chairman of the Department

11. PARTICULARS OF THE STUDENTS OF POST-MATRIC CLASS FOR WHOM AWARD OF SCHOLARSHIP IS REQUIRED

- i. Name _____
- ii. Name of institution where studying _____
- iii. Class _____
- iv. Registration No. _____
- v. Year of admission _____
- vi. Annual Fee _____
- vii. Result of the Previous Examination _____

Primary _____

Middle _____

Matric _____

F.A/F.Sc. _____

B.A / B.Sc. _____

M.A / M.Sc. _____

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

Certified that:-

- i. Information given under in Sr. No. 11 is correct.
- ii. He / She is not receipt of any other Scholarship or any Financial Assistance out of Poor Fund, Zakat Fund and Qarz-e-Hasna.

Signature & Seal
Head of the Education Institution