



DOW UNIVERSITY OF HEALTH SCIENCES

Zakat Aid Office 4th Floor, Administration Block, DUHS, Baba-e-Urdu Road, Karachi
Telephone: (92)-3877-1000, Fax: 99215763
Email: fao@duhs.edu.pk Web: www.duhs.edu.pk

Attach 2
photographs
here

COLLEGE / UNIVERSITY: _____

DISCIPLINE: _____ DURATION OF STUDY: _____

NAME: _____ FATHER'S NAME: _____

DATE OF BIRTH: _____ CNIC NO: _____

PERMANENT HOME ADDRESS: _____

TEMPORARY RESIDENCE: _____

TELEPHONE NO: _____ CELL NO: _____

EMAIL ADDRESS: _____

EDUCATION

EXAMINATION PASSED	MARKS OBTAINED / TOTAL MARKS	PERCENTAGE / GPA	College / Institute	YEAR Semester
Bachelor				
INTERMEDIATE				
MATRIC				

(Attach copies of certificates, CNIC, University/ College card)

FAMILY INFORMATION

OCCUPATION OF FATHER/GUARDIAN: _____

MONTHLY INCOME (Attach Certificate): _____

NO OF FAMILY MEMBERS: _____

NO OF SIBLINGS STUDYING: _____

ADDITIONAL INFORMATION: ORPHAN OR HANDICAP YES NO

- Attach Certificate



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TYPE OF FINANCIAL SUPPORT REQUIRED

1) NON REFUNDABLE FINANCIAL SUPPORT THROUGH ZAKAT FUND

Please note that an affidavit is required to be submitted alongwith application. Only application received through College / Institute will be considered. The amount approved will be adjusted directly by the University on behalf of the student's educational expenses via Zakat Fund.

Date: _____

SIGNATURE OF STUDENT: _____ PARENT / GUARDIAN SIGNATURE: _____

COLLEGE/INSTITUTE CERTIFICATION

We certify and confirm that application of the students and its contents has been verified by the Principal _____ and to the best of our judgment based on interview and relevant documents are correct.

SIGNED

PRINCIPAL / DIRECTOR

SEAL OF COLLEGE/ INSTITUTION

We recommend an amount of _____ for financial support of Mr. /
Ms. _____ For the academic year _____.

CHAIRMAN, ZAKAT COMMITTEE,
DUHS