



DOW UNIVERSITY OF HEALTH SCIENCES HEC NEED BASED SCHOLARSHIP PROGRAM

Renewal Application Form for payment of Stipend & semester Fee for the Year _____

Name: _____ Father's Name: _____

Name of Institute / College: _____ Name of Program: _____

Current Year: _____ Current Semester: _____ Roll. No: _____

Completion Year of Degree Program:

Month	
Year	

Starting Year of Award of Scholarship			
2015	2016	2017	
Tick any one			

Amount of Scholarship Received with Date	
1 st Installment Rs.: T.F -----	Stipend-----Date --- / --- / ---
2 st Installment Rs.: T.F -----	Stipend-----Date--- / --- / ---
3 rd Installment Rs.: T.F-----	Stipend-----Date--- / --- / ---

UBL Bank Acc# & Branch Name

Postal address: _____

Mobile # (01): _____ Mobile # (02): _____

E-mail: _____

Results of Last two Semesters attended:

i) Semester _____ GPA: _____

ii) Semester _____ GPA: _____

Financial Statement

Previous total income per month (Rs.)	Current total Income per month (Rs.)

If the current total income is different from previous total income, then what's the reason for that change?

Previous total Expenses per month (Rs.)	Current total Expenses per month (Rs.)

Any new major expense added? If yes, then what are the details and the amount being incurred?



**DOW UNIVERSITY OF HEALTH SCIENCES
HEC NEED BASED SCHOLARSHIP PROGRAM**

Renewal Application Form for payment of Stipend & semester Fee for the Year _____

Undertaking from Parents / Guardian

We undertake that the information given in this form is correct. If at any stage it is found that any information is incorrect or fact are concealed, the scholarship awarded will be cancelled and all amounts disbursed will be refunded by us with penalty within 45 days and the University authorities may take disciplinary action against the student.

Parents / Guardian Signature

Name & Relation:

CNIC#:

Student's Signature

Certificate from Principal / Director of respective College / Institute

It is certified that the above mentioned student is regular with _____% of attendance and has successfully promoted to next class _____ with last GPA _____, currently studying in _____ semester.

I recommend / do not recommend his / her case for next installment payment of semester dues and stipend under HEC Need Based Scholarship Program.

Signature & Stamp of Principal / Director

Dated: _____

ATTESTED DOCUMENTS TO BE ATTACHED With THE FORM

1. Copy of Student CNIC.
2. Copy of Parent / Guardian CNIC.
3. Copy of Student College Card.
4. Copy of Last two Semesters Marksheet.
5. Copy of Fee Voucher.
6. Copy of Father / Guardian Monthly Salary Certificate.