Government College University, Faisalabad
Office of the Treasurer

Subject: **APPLICATION FORM FOR GRANT OF BENEVOLENT FUND EDUCATIONAL SCHOLARSHIP FOR THE YEAR 2019.**

PART-A, PARTICULARS OF EMPLOYEE:

Name of Employee **/** Applicant: _____

CNIC No.: _____Designation & Pay-Scale: _____

Department: _____Faculty: _____

Status of Employee:
(Tick the relevant box)

(i)

Regular (University Cadre)	Other (i.e. contractual, TTS, IPFP, DW, etc.

(ii)

Gazetted	Non-Gazetted

(iii)

In-Service	Deceased during service	Retired	Deceased after retirement

Date of Joining of employee: _____

Date of Death (In case of "death during Service"): _____

Date of Retirement (In case of "Retirement"): _____

Date of Death (In case of "death after retirement"): _____

Bank Account No. (For transfer of BF-grant amount): (i) National Bank of Pakistan, Jinnah Colony _____

(ii) Bank of Punjab, GCUF _____

Relationship of Employee with Student:

Father	Mother

Whether both "father" & "mother" are the employees of University:

Yes	No

Name of Spouse along-with designation: _____
(In case where both father & mother are employees of University.)

Name of Students / Offspring:
(For whom the application is submitted for BF-Educational Scholarship this year.)

Sr. #	Name of Student	Class	Institution
1			
2			
3			

It is hereby solemnly affirmed that I remained a regular subscriber of GCUF Benevolent Fund and the prescribed amount has been deducted from my monthly salary during last 12-months. I, further affirm that I submit application for BF-Educational Scholarship first time for this year and the above mentioned information is correct to the best of my knowledge and belief.

(Signatures of the employee/applicant)
Dated: _____

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PART-B, TO BE FILLED IN BY THE HEAD OF DEPARTMENT OF THE EMPLOYEE:

No. _____. Dated: _____

It is to certify that Mr./Mrs./Miss _____ holds the post of _____ BPS _____ on regular basis in this office and he ***/***she is a subscriber to the University Benevolent Fund. It is also to certify that the particulars mentioned by the employee ***/*** applicant are correct to the best of my knowledge. In view of above the instant case of BF- Educational Scholarship is ***recommended*** / ***not recommended*** for further payment process, please.

(Signatures & Stamp of Head of Department)

Part-C, Particulars of the student for whom award of BF- Educational Scholarship is required:

First Student:-

Name of Student: _____ S/o **/** D/o _____

CNIC/B-Form No. _____

Class_____ *(Tick the appropriate one)* **Primary / Middle / Matric / Intermediate / Master&M.Phil / Ph.D**

Registration/Roll No._____ Yearly Fee (Rs.): _____

Name of Institute: _____

Address of Institute: _____ Telephone No. _____

Previous Class: _____ Result of previous class: _____

It is to certify that Mr. / Miss _____ is a bonafide student of this institute and that the particulars furnished above by him/her are correct.

(Signatures & Stamp of Head of the Institution)

Dated:_____

……

Second Student:-

Name of Student: _____ S/o **/** D/o _____

CNIC/B-Form No. _____

Class_____ *(Tick the appropriate one)* **Primary / Middle / Matric / Intermediate / Master&M.Phil / Ph.D**

Registration/Roll No._____ Yearly Fee (Rs.): _____

Name of Institute: _____

Address of Institute: _____ Telephone No. _____

Previous Class: _____ Result of previous class: _____

It is to certify that Mr. / Miss _____ is a bonafide student of this institute and that the particulars furnished above by him/her are correct.

(Signatures & Stamp of Head of the Institution)

Dated:_____

……

Third Student:-

Name of Student: _____ S/o **/** D/o _____

CNIC/B-Form No. _____

Class_____ *(Tick the appropriate one)* **Primary / Middle / Matric / Intermediate / Master&M.Phil / Ph.D**

Registration/Roll No._____ Yearly Fee (Rs.): _____

Name of Institute: _____

Address of Institute: _____ Telephone No. _____

Previous Class: _____ Result of previous class: _____

It is to certify that Mr. / Miss _____ is a bonafide student of this institute and that the particulars furnished above by him/her are correct.

(Signatures & Stamp of Head of the Institution)

Dated:_____