

Government College University, Faisalabad
Office of the Treasurer



Subject: **APPLICATION FORM FOR GRANT OF BENEVOLENT FUND**
EDUCATIONAL SCHOLARSHIP FOR THE YEAR 2020-21.

PART-A, PARTICULARS OF EMPLOYEE:

Name of Employee / Applicant: _____

CNIC No.: _____ Designation & Pay-Scale: _____

Department: _____ Faculty: _____

Status of Employee:
(Tick the relevant box)

(i)	<table border="1"><tr><td>Regular (University Cadre)</td><td>Other (i.e. contractual, TTS, IPFP, DW, etc.)</td></tr></table>	Regular (University Cadre)	Other (i.e. contractual, TTS, IPFP, DW, etc.)		
Regular (University Cadre)	Other (i.e. contractual, TTS, IPFP, DW, etc.)				
(ii)	<table border="1"><tr><td>Gazetted</td><td>Non-Gazetted</td></tr></table>	Gazetted	Non-Gazetted		
Gazetted	Non-Gazetted				
(iii)	<table border="1"><tr><td>In-Service</td><td>Deceased during service</td><td>Retired</td><td>Deceased after retirement</td></tr></table>	In-Service	Deceased during service	Retired	Deceased after retirement
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: _____

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: _____