



UNIVERSITY OF AGRICULTURE, FAISALABAD
APPLICATION FOR REGISTRATION OF DISABLED/SPECIAL PERSONS
FOR THE GRANT OF FULL FEE EXEMPTION
 (please fill in block letters)

1. Name of student

2. Father's name

3. CNIC # - - Expiry date - -

4. Home Address

Contact No. Email

University Regd.No. - ag -

Certificate/degree program in which presently studying and semester

Last expected semester for completion of existing certificate/degree

Certified that, I am a bonafide disable/special person, therefore, I may be registered for the grant of full fee exemption. In case my disability certificate is found bogus/tempered/fabricated etc, I hereby undertake to deposit the exempted dues to the University.

Signature of applicant

Verified that the student whose particulars are given above was admitted under _____
 category in the above certificate/degree and is studying at this
 Faculty/Institute/College/Sub Campus.

No.

Date

Signature & Stamp of Dean/Director/
Director General/Principal

Certified that the above student has been awarded an amount of Rs. _____ as scholarship/
 financial assistance for the period from _____ to _____ OR not awarded any type of scholarship/
 financial assistance through this University (as the case may be). Therefore, the applicant is recommended/
 not recommended for the grant of subject facility (strike out which is not applicable).

Asstt. Director, SFAO

Attachments:

1. Attested copy of CNIC
2. Original prescribed disability certificate issued by the District Assessment Board.

FOR OFFICE USE

The above student has attached the requisite documents. He/she may be granted full fee exemption
 from _____ to _____.

Accounts Officer

Deputy Treasurer