

Scholarship Option Form

Name of Student _____ Father's Name _____

CNIC No. _____ Reg. No. _____ Cell No. _____

1. Scholarship/Financial assistance awarded _____

_____ Amount of scholarship/year: _____

2. Scholarship/Financial assistance recently awarded _____

_____ amount of scholarship _____

I want to retain _____ scholarship/Financial assistance and
forego _____ scholarship/Financial assistance

I requested to deposit/Refund the scholarship at of _____

and deposit _____

Signature of Applicant

Dean Concerned incase of
undergraduate level

Chairman/incase of graduate level