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## NATIONAL DEFENCE UNIVERSITY, ISLAMABAD FINANCIAL ASSISTANCE FORM

## Categories:

$\square$ Incentive Scholarship at the time of Admission
$\square$ Kinship Fee Concession
$\square$ Scholarship for Special Students

| 1 Photograph |
| :---: |
| Paste here with <br> glue |

## PARTICULARS OF THE APPLICANT

- Name: $\qquad$ Reg No: $\qquad$
- Father/Guardian's Name: $\qquad$
- Father/Guardian's NIC \#: $\qquad$
- Department: $\qquad$ Program: $\qquad$
- Session/ Semester: $\qquad$ Morning/ Evening: $\qquad$
- Address: $\qquad$
- Contact No (Res) : $\qquad$ Mobile No $\qquad$
- Email address: $\qquad$ Domicile: $\qquad$


## INCENTIVE SCHOLARSHIP AT THE TIME OF ADMISSION

- Name of Institute (Last attended)
- Title of Degree $\qquad$
- Program/ Session $\qquad$
- Award of Medal $\qquad$
- CGPA Obtained $\qquad$


## KINSHIP FEE CONCESSION

## PARTICULARS OF THE KIN

Name of Student's Brother/Sister: $\qquad$
Brother/Sister's CNIC \#: $\qquad$
Father/Guardian's Name: $\qquad$
Father/Guardian's CNIC \#: $\qquad$
$\qquad$
$\qquad$
Department: $\qquad$ Program: $\qquad$
Session/ Semester: $\qquad$ Morning/ Evening: $\qquad$

## SCHOLARSHIP FOR SPECIAL STUDENTS

- Father/Mother's Name: $\qquad$ CNIC \#: $\qquad$
- Status:

Alive $\qquad$ Deceased $\square$

- Professional Status: $\qquad$
- Address: $\qquad$
- Contact No : $\qquad$ Mobile No $\qquad$
- Medical Illness: $\qquad$
- Do you have any disability? If Yes, Explain $\qquad$


## Undertaking by the Student

The information given in this application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. If any information given in this application is found incorrect or false after the grant of Fee Concession, the NDU will stop for further process and the student will have to refund all payment received and or penalty equal to total amount paid to candidate.

The NDU reserves the right to verification the information given in this form.
Date: $\qquad$

Parents /Guardians Signature
Signature of Student

## Recommended by the Chairperson/Head/Incharge Department

Certified that the above particulars are correct on the basis of the record of the Department.

## Check List:

| Category | Criteria | Documents Req (must be attached with the form) |
| :---: | :---: | :---: |
| Incentive Scholarship at the time of Admission | Position holders in the last degrees obtained at other recognized universities shall be considered for award. The amount of scholarship shall be equal to $50 \%$ of 1 st semester fee <br> NOTE: One scholarship shall be offered in each dept (on first come first serve basis). | - CNIC <br> - Transcript of last degree <br> - Merit/ Medal Certificate <br> - copy of Fee Chalan of 1st Sem |
| Kinship Fee Concession | $50 \%$ concession in tuition fee should be granted to the Brother/Sister if both are studying in the university at a time. | - Applicant CNIC <br> - Brother/Sister CNIC <br> - Parents/Guardian's CNIC <br> - Copy of Fee Challan of applicant and kin |
| Scholarship for Special Students | A handicapped/ special student shall be given $50 \%$ tuition fee waiver subject to production of medical certificate. | - Applicant CNIC <br> - Parents/Guardian's CNIC <br> - Medical Certificate |

