 UNIVERSITY OF SARGODHA

(KINSHIP FEE CONCESSION FORM)

**Information about Applicant (YOUNGER STUDENT)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester \_\_\_\_\_\_\_\_ Roll #: \_\_\_\_\_\_\_\_\_\_ Regular/Self Support: \_\_\_\_\_\_\_\_\_\_\_ Session: \_\_\_\_\_\_\_\_\_

**Signature of Student Signature & Stamp (HOD)**

**Information about Applicant (ELDER STUDENT)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester \_\_\_\_\_\_\_\_ Roll #: \_\_\_\_\_\_\_\_\_\_ Regular/Self Support: \_\_\_\_\_\_\_\_\_\_\_ Session: \_\_\_\_\_\_\_\_\_

**Signature of Student Signature & Stamp (HOD)**

Remarks by the Dean of Faculty of Applicant

**Signature & Stamp**

**FOR TREASURER OFFICE USE ONLY**

Name of Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester \_\_\_\_\_\_\_\_\_\_\_

Category: \_\_\_\_\_\_\_\_\_\_\_\_\_ 50% Tution Fee \_\_\_\_\_\_\_\_\_ Register #: \_\_\_\_\_\_\_\_\_ Page #: \_\_\_\_\_\_\_\_\_

**Dealing Assistant Admin Officer (Income)**

**REQUIRED DOCUMENTS**

1. CNIC / Form-B of the both students
2. Copies of fee paid challan forms of the both students.
3. Incomplete form shall not be entertained.