**APPLICATION FORM FOR USED LAPTOPS TO ORPHANS/PHYSICALLY HANDICAPPED STUDENTS DONATED BY SUNGI DEVELOPMENT FOUNDATION**

**APPLICANT’S DETAILS**

Applicant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Roll No.\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session: \_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father CNIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permanent Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_Telephone (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Undertaking:**

1. I solemnly declare that I have not availed any other Laptop from University of Haripur or from any other institution on the basis of my studentship at UOH, I also declare that the information given in the application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application.

2. If any information given in application is found incorrect or false after grant of Laptop, the institute will have right to Initiate disciplinary action against undersigned.

Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: INCOMPLETE FORMS & THOSE RECEIVED AFTER DUE DATE WILL NOT BE ENTERTAINED.**

**Documents Required:**

1. Student’s CNIC Copy 2. Father/Guardian’s CNIC Copy 3. Disability Certificate & Special CNIC of disables copy 4. Death certificate of Father (Orphans) 5. Student Identity Card Copy

**Forwarded by**

**Head of Department**

**Sign & Stamp**

All Dues Cleared: (Yes/No) \_\_\_\_\_\_\_ **verified By Director ASRB/Undergraduates**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**………………………………………………………………………………………………………………**

Recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Not Recommended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Members of committee:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign.\_\_\_\_\_\_\_\_\_\_\_\_2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sign.\_\_\_\_\_\_\_\_\_\_\_\_ 4. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Sign.\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**………………………………………………………………………………………………………………**

**Receipt**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Roll No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Semester \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prog. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Receiving Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Sign & Stamp

 Financial Aid Office

**Note: Sign and Stamp of Head of Department and Director ASRB/Undergraduates is necessary**.