| Form No |) |
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| ** | UNIVERSITY OF |
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University of Sahiwal

(For Office Use)

Reserved Seat Based Admission (Year 20___)

IMPORTANT INSTRUCTIONS:

1. **Incomplete applications shall not be entertained.**

2. Any incorrect information provided in this form may lead to disciplinary action or cancellation of admission at any stage.

3. The candidate is advised to select the subject of his/her choice for admission very carefully

| Department & Program | | | | | | | | | | | | | | | |
|-----------------------|------|--|-----|------|-------|-----|-----|------|------|------|------|------|------|---|--|
| Cell No. (Applicant): | | | _ E | ma | il: _ | | | | | | | | | _ | |
| Tel No (Res): | | | _ 0 | Cell | No. | (Fa | the | r/Gı | iard | lian |): _ | | | _ | |
| Address: | | | | | | | | | | | | | | | |
| CNIC /Form-B: | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | |
| Father's Name: | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Name (Block Letters) | | | | | | | | | | | | | | | |

3._

Category of Reserved Seat Applied for: _____

| Supporting Document | Attached | If not attached, then please mention the reason |
|---------------------|----------|--|
| | | |
| | | |
| | | |
| | | |

Received By:_____

Candidate Signature

Stamp: _____

UNIVERSITY OF SAHIWAL, SAHIWAL.

APPLICATION FOR HALF FEE CONCESSION TO ONE OUT OF OTHER BROTHER/SISTERS

STUDYING IN THE TEACHING DEPARTMENT

<u>Part-I</u>

Affix / Paste One Photograph With blue

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PARTICULARS OF APPLICANT

| Name of Student (Claimant) | Mr. /Miss | |
|-------------------------------------|---|--------------------------------------|
| S/O, D/O | | _ |
| Name of Department/College | | |
| Name of Class/Course | | |
| Roll No | Part/Semester | |
| Session: | Morning/Evening | |
| Kindly allow me half fee concession | on on the basis of my brother/Sister wh | ose particulars are given in Part-II |

Signature of the Student

(Claimant)

Certified that the above particulars are correct on the basis of the record of the department/College.

Signature & Stamp of Head of

Teaching Department/College

<u>Part-II</u> <u>PARTICULARS OF THE BROTHER/SISTER</u>

| Name of Student (Claimant) | Mr./Miss |
|----------------------------|-----------------|
| S/O – D/O | |
| | |
| Name of Class/Course | |
| Roll No. | Part/Semester |
| Session: | Morning/Evening |

Kindly allow me half fee concession on the basis of my brother/Sister whose particulars are given in Part-II

Signature of the Brother/Sister

Certified that the above particulars are correct on the basis of the record of the department/College.

Signature & Stamp of Head of

Teaching Department/College

Part-III APPROVAL OF THE CONCERNED DEAN

Half fee concession is granted to Mr./Miss

S/O, D/O Mr.____

Department of _____

Approval is forwarded to the Treasurer Office for necessary action.

Signature & Stamp of the Concerned Dean of the Faculty