University of Sahiwal

Chief Minister's Honhaar Scholarship Program- October 2024

DECLARATION FORM FOR MERIT BASED SCHOLARSHIP

CNIC/B-Form						-								-	

Student's Name: _____

Father's Name: _____

Department _____

Photo

(Attached the same one applied for online Honhaar Scholarship)

Please add information that you have used when you applied for Honhaar Scholarship.

Semester:- _____ Session:-_____ Matric% _____ Intermediate % _____

Declaration:

Student's Name: _____ Son/Daughter of _____ solemnly Affirm and Declare as follows;

- Honhaar Scholarship is purely Merit Based and I Declared that I fulfill all the eligibility criteria.
- My age is 22 or less than 22 on closing date 15th October 2024.
- My intermediate marks percentage is >75% for sciences and >70% for arts and social sciences
- My Family monthly income is less than 3000,000
- I am enrolled in 1st semester intake Fall 2024

UO-SAHIWAL & Government of Pakistan reserved the right to take any or all legal action(s) against me, if found any false information or misrepresentation.

Dated: _____ **Signature of Student: _____**

CERTIFICATE FROM HOD/COORDINATOR (Only for Fall 2024 intake)

This is certified that Mr/Miss _____ Son/Daughter of _____ a student of _____ degree program under Registration/Roll # _____ Session _____Intermediate Marks Percentage _____Closing Age _____ (**≤22Y on 15-10-24**)

He / She is currently studying /enrolled in the said degree program.

Name of HOD/Coordinator _____HOD /Coordinator _____

(Sign & Stamp)

Note: Attached the following Documents duly signed & Stamp from Relevant HOD/Coordinator.

Attestation will be accepted only from relevant HOD/ Program Coordinator (Notified).

I. Attested CNIC or B-Form (Not be older than 22 years of age on closing date 15th October 2024)
II. Attested Matric Result
III. Attested Intermediate Result **>75%** for sciences and **>70%** for Arts & Social Sciences
IV. Attested Attendance Sheet (Highlighted your Name and Roll No.)

DSA OFFICE ONLY

I confirmed Application form is completed and verified all the documents are attached herewith.

Staff Name_____Signature_____Dated:_____