



GOVERNMENT OF PAKISTAN
PAKISTAN BAIT-UL-MAL

Street No. 7, Sector H-8/4, Khayaban-e-Johar, Islamabad (051-9101134)

**BONAFIDE CERTIFICATE FOR PROVISION OF EDUCATION ASSISTANCE TO THE POOR
DESERVING STUDENTS STUDYING IN GOVERNMENT INSTITUTIONS**

1. University/College/Institute Name: _____

2. (i). Degree & Subject: _____ (ii). Present Semester or Year: _____

(iii). Duration of Present Semester or Year:

From		To	
Month	Year	Month	Year

3. (i). Student Name: _____ (ii). Student's CNIC: _____ (Enclose Photocopy)

(Only less than 18 years, enclose **form B**)

(iii). Roll No: _____ (iv). Registration No: _____

(v). Father/Mother/Guardian Name: _____ (vi). CNIC: _____

(vii). Father/Mother/Guardian Occupation: _____

(viii). Home Address: _____

Sr #	Particulars	Amount (Rs.)	Remarks
1	Admission fee (Only 1 st Semester or Year)		
2	Tuition fee		
3	Examination fee		
4	Registration fee (Only 1 st Semester or Year)		
5	Library fee (Non refundable only)		

Total Amount (in figures): _____ (in words): _____

4. (i). It is certified that above dues are **NOT PAID** by the student. (Only 1st Year / 1st Semester deposited fee will be reimbursed by Pakistan Bait-ul-Mal to the student on provision of paid receipt.)

(ii). All remaining Semesters/Years dues will be paid by PBM to the institution. Fee will not be reimbursed to the student by the institution.

(iii). It is also certified that student's Father/Mother/Guardian is **NOT GOVERNMENT EMPLOYEE**.

(iv). It is verified that information provided above is correct. In case of any mis-statement/mis-declaration, the institution will be liable to refund the amount to Pakistan Bait-ul-Mal at any stage.

HEAD OF INSTITUTION

Name and Signature with Stamp

(Only for student residing in College / University Hostel)

5. The Above named student is residing in Room No. _____ of Hostel _____ since _____.

His / Her hostel dues (excluding meal charges) per month are Rs. _____ (in words) _____.

Hostel Warden (Concerned)

Name and Signature with Stamp

IMPORTANT NOTE:

- 1) Bonafide certificate will not be entertained if any **over writing / tempering / cutting** is made.
- 2) Previous copies of academic degrees and result of last semester or year must be enclosed.
- 3) Private and self finance/self sustained students are not eligible for education assistance.
- 4) Applicants receiving financial assistance from any other government department/institution are not eligible.
- 5) All columns of this certificate **MUST** be properly filled.

Name _____ Father's Name _____

Registration No. _____ Faculty of _____

DOCUMENTS CHECK LIST (ATTACHED WITH APPLICATION FORM)

S N	Particulars	No. of Copies Required	Document Attached	
			Yes	No
1.	Matriculation Marks Sheet	04 Nos		
2.	Intermediate Marks Sheet	04 Nos		
3.	CNIC of Applicant	04 Nos		
4.	Form-B (Family information)	02 Nos		
5.	CNIC of Father / Mother / Guardian	04 Nos		
6.	Domicile of Applicant (In case if the applicant has not Domicile, the applicant father domicile may be attached)	04 Nos		
7.	Photographs of Applicant	04 Nos		
8.	Fee Challan Copy of First semester	02 Nos		
9.	Hostel Fee Challan Copy of First semester of first year (only for Hostler)	02 Nos		
10.	Income certificate of father / mother / guardian Original and one copy for the month of January 2019 / February 2019	02 Nos including original		
11.	Death Certificate of Family member (if applicable)	02 Nos.		
12.	Rent agreement copy (if living on rented house)	02 Nos.		
13.	Utilities Bills (Gas / Electricity / Water)	02 Nos.		
14.	Medical Treatment / Bill of family members (in case of serious illness)	02 Nos.		
15.	Orphan / Disable (if any) One-page statement of orphan / Disability may be attached	02 Nos.		

NOTE:

1. ATTACHED ALL ABOVE DOCUMENTS ATTESTED BY GOVERNMENT OFFICER BPS-17 AND ABOVE
2. PLEASE NOTE "ANY OTHER EXTRA DOCUMENTS" NOT TO BE ATTACHED

RECEIPT

Receipt No. _____

Received Application form from Mr/ Ms. _____ Father's Name _____

Registration No. _____ Faculty of _____

on _____ Time _____ Hrs.

SIGNATURE

=====

Receipt No. _____

Received Application form from Mr/ Ms. _____ Father's Name _____

Registration No. _____ Faculty of _____

on _____ Time _____ Hrs.

SIGNATURE