



GOVERNMENT OF PAKISTAN  
Cabinet Division  
PAKISTAN BAIT-UL-MAL

Street No.7, Sector H-8/4, Khayaban-e-Johar, Islamabad (Phone # 051-9101137)

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

University /College/Institute Name: \_\_\_\_\_

(i). Degree & Subject: \_\_\_\_\_ (ii). Present Semester Or Year: \_\_\_\_\_

(iii). Duration of Present Semester or Year:

From		To	
Month	Year	Month	Year

(i). Student Name: \_\_\_\_\_ (ii). Student's CNIC: \_\_\_\_\_ (Enclose Photocopy)

(Only Less than 18 Years, enclose Form-B)

(iii). Roll No: \_\_\_\_\_ (iv). Registration No: \_\_\_\_\_ (v). Contact No: \_\_\_\_\_

(vi). Father/Mother/Guardian Name: \_\_\_\_\_ (vii). CNIC: \_\_\_\_\_

(viii). Father/Mother/Guardian Occupation: \_\_\_\_\_

(ix). Home Address: \_\_\_\_\_

Sr. #	Particulars	Amount (Rs.)	Remarks
1	<b>Admission Fee</b> (Only 1 <sup>st</sup> Semester Or Year)		
2	<b>Tuition Fee</b>		
3	<b>Examination Fee</b>		
4	<b>Registration Fee</b> (Only 1st Semester Or Year)		
5	<b>Library Fee</b> (Non Refundable Only)		
6	<b>Transport Charges</b> (At a same time, either transport or Hostel charges can be claimed)		

Amount (in figures): \_\_\_\_\_ (in words): \_\_\_\_\_

- (i). It is certified that above dues are **(NOT PAID)** by the student. (Only 1<sup>st</sup> Semester/ 1<sup>st</sup> Year 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)**

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 of Applicant \_\_\_\_\_ Father's Name \_\_\_\_\_

Registration No. \_\_\_\_\_ Batch \_\_\_\_\_

Faculty of \_\_\_\_\_

CNIC No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

### **DOCUMENTS CHECK LIST**

Following documents are required to be attached along with application form:

S #	Details of Documents	Qty. Required	Attached (Y/N)
1.	University I.D. Card	03 copies	
2.	Attested copies of all semester / terms Marks Sheet	03 copies	
3.	CNIC Copy (Applicant)	03 copies	
4.	CNIC Copy (Father / Mother/ Guardian)	03 copies each	
5.	Passport size photographs (Please do not staple them. Attach with the help of a paper clip)	06 Nos.	
6.	Salary Certificate for the Year 2019 (Service People not Government / Semi Government Employee) Income certificate/Certificate from Union Council (for non-service) 2019	03 copies including Original	
7.	Death certificate in case of orphan/Certificate from Union Council	02 copies	
8.	Medical Certificate in case of any disability/Certificate from Union Council	02 copies	
9.	Attach recent Fee Challan copy	03 copies	
10.	Attach Hostel Fee Challan Copy	03 copies	

### **RECEIPT**

Form No. \_\_\_\_\_ Dated: \_\_\_\_\_

Received application form from Mr/Ms. \_\_\_\_\_

Father's Name \_\_\_\_\_, Registration No. \_\_\_\_\_,

Faculty of \_\_\_\_\_

On \_\_\_\_\_ Time : \_\_\_\_\_

**SIGNATURE & STAMP**

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### **RECEIPT**

Form No. \_\_\_\_\_ Dated: \_\_\_\_\_

Received application form from Mr/Ms. \_\_\_\_\_

Father's Name \_\_\_\_\_, Registration No. \_\_\_\_\_,

Faculty of \_\_\_\_\_

On \_\_\_\_\_ Time : \_\_\_\_\_

**SIGNATURE & STAMP**