

For Use by Department

It is certified that Mr. /Miss _____ Son / Daughter of _____
is student of this department in session _____. The particular information given by the
student is correct.

His/her case is recommended for **(tick the box ✓)**:

- a** Full Tuition Fee Remission (if applicant is considered in 5% of total number of students
admitted in each morning program)
- b** Half Tuition Fee Remission (if applicant is considered in 20% of total number of students
admitted in each morning program)
- c** 1/3 Course Fee Remission (if applicant is considered in 10% of total number of students
admitted in each evening program)

Forwarded

With held

Chairman: _____ Dated: ____/____/____
(Signature) (Stamp) DD MM YY

Department of: _____
The Islamia University of Bahawalpur

Check List:

- a) CNIC / Form 'B'
- b) Income Certificate/Pension Copy/Salary Slip
- c) Photocopy of Fee Challan Form