

For Use by Department

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

Certificate for Release of Scholarship

Also, certify that Mr./Miss. _____ student of _____ is
a Need Based Scholarship holder, has been showing satisfactory attendance and performance in his/her studies and that
his/her conduct has been good and was not involved in any unlawful activity during the
period _____. His/her scholarship for this month/period may be released.

Scholarship Award Committee:

Name of Ehsan Trust Representative: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

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

Department of Social Work
The Islamia University of Bahawalpur

Check List:

- a) CNIC / Form 'B'
- b) Income Certificate/Pension Copy/Salary Slip
- c) Photocopy of Fee Challan Form
- d) Scholarship bill duly signed by the Chairman