



GOVERNMENT OF PAKISTAN
Poverty Alleviation & Social Safety 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	Admission Fee (Only 1 st Semester Or Year)		
2	Tuition Fee		
3	Examination Fee		
4	Registration Fee (Only 1st Semester Or Year)		
5	Library Fee (Non Refundable Only)		
6	Transport Charges (At a same time, either transport or Hostel charges can be claimed)		

- 1) Amount (in figures): _____ (in words): _____
- (i). It is certified that above dues are **(NOT PAID)** by the student. (Only 1st Semester/ 1st 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 an-1 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.