

## Fee Waiver Application

**For NUMS Employees/ Faculty members of NUMS Constituent Institute/ Employee Medical Directorate of GHQ**  
 (To be filled in Capital Letters)

I, \_\_\_\_\_ S/D of \_\_\_\_\_, hereby apply for a fee waiver.  
 My particulars are as under:

<b>I. Personal Information</b>	
Name	
CNIC	
Email ID	
Contact No	
Program Name	
Program Duration	
Date of Commencement of Classes	
Fee Challan No	
Fee Paid	

<b>II. Employment Details</b>	
Current Designation	
Institute / Organization	
Rank (if any)	

<b>III. Beneficiary Details</b>	
CNIC No. of Beneficiary	
Title of Bank Account	
Bank Account No (Complete)	
Bank Name	
Branch Address	

<b>IV. Attachments Required</b>		
a)	Copy of Paid Fee Challan	<input type="checkbox"/>
b)	Copy of Offer Letter	<input type="checkbox"/>
c)	Copy of CNIC	<input type="checkbox"/>
d)	NOC (Pre Requisite to be considered for fee waiver)	<input type="checkbox"/>

### Declaration

I hereby declare that all the information provided by me in support of this application is true, complete, and correct to the best of my knowledge. I understand that submission of incomplete documents or any false declaration may result in cancellation of my application at any stage.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**V. Recommendation by Dean / Director / HoD**

(Please Tick the relevant category)

**Category**  **A** (NUMS Employees both Staff & Faculty Members)

**Category**  **B** (Faculty Members of NUMS Constituent Institute)

**Category**  **C** (Employee Medical Directorate of GHQ)

Recommended       Not Recommended

Name: \_\_\_\_\_ Designation/Rank: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VI. HR Verification (For NUMS Employees both Staff & Faculty Members Only)**

Annual Performance Report: \_\_\_\_\_

**Ineligibility**

1. Employees who are still on probation.
2. Average or below average annual performance report.
3. Under any active investigation for breach of any rule or regulation.

Name: \_\_\_\_\_ Designation/Rank: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VII. For NUMS Office Use Only**

Aggregate: \_\_\_\_\_ Merit Position: \_\_\_\_\_

Date of Submission of Application: \_\_\_\_\_

Received by (Name & Signature): \_\_\_\_\_

**Instruction for Candidates:**

1. This policy is applicable for all undergraduate as well as postgraduate programs.
2. In each program, maximum of 10% seats will be reserved for fee waiver.
3. The reserved seats for fee waiver will be equally divided among NUMS employees, Faculty of constituent institutes and employees of the Medical Directorate.
4. In case a seat reserved for a particular category is left vacant, it will be given on merit to applicants from other categories.
5. Under this policy the candidate will be awarded 50% waiver of tuition fee only.
6. This financial assistance will be awarded to the student for entire duration of degree program.
7. Assistance ship under this scheme will not be applicable for the terms(s) / course(s) repeated by the student.
8. In case of transfer out of a constituent institute / termination/ retirement of the student, fee waiver will be withdrawn for the remaining duration of the course.

**Please note:**

- a. Candidates are advised to apply for a fee waiver on the prescribed application form within one month of the commencement of admissions for the respective program **Requests received after this period will not be entertained.**
- b. Fee waivers cannot be promised beforehand without formally applying for the relevant program. Candidates are required to pay the full fee for the first semester. In case a fee waiver is approved subsequently, the approved amount will be reimbursed accordingly.
- c. Applications will be submitted to Registrar Office.
- d. Fee waivers are not applicable to certificate courses.**