

Give special reason to support your application for financial assistance

Personal Details

Applicant's Date of Birth _____ CNIC No _____ Nationality: _____
Father's / Guardian' Name: CAPITAL LETTERS) _____
Father's / Guardian's Mailing Address: _____ _____ Monthly Income: _____
E-mail: _____ Phone (Res): _____ Mobile: _____
Postal Address: _____ _____
Email: _____ Phone (Res): _____ Mobile: _____

UNDERTAKING

I certify that to the best of my knowledge, the information furnished in the application form is true and complete. I agree that if such information, upon which my admission is based, is not true or incomplete, the University has the right to cancel my admission and forfeit the fees paid. I further agree that, if admitted, I will abide by the rules and regulations of the University. I undertake not to participate in any political or other activities detrimental to the educational objectives of the Hamdard University.

Applicant's Signature _____ Date: _____

Father's / Guardian's Signature: _____ Date: _____

For Office Use Only

Application received by: _____ Reference Application No _____

Signature: _____ Date: _____
