

6. CURRENT INSTITUTION & ACADEMIC DETAIL OF ONGOING COURSE OF STUDY

Education Level/Study Course /Degree Program: (pl. tick-mark any one, as applicable)

6th Pass 7th Class or 7th Pass 8th Class leading towards completion of Intermediate _____ (considerable session intake shall be Spring/Fall 2019 only).

OR

Intermediate Pass 1st Year of BS/BE or Equivalent Undergraduate Program of 4/5 Years _____ (considerable session intake shall be Spring/Fall 2019 only).

The considerable priority Subjects areas List is attached and also available at BEEF website www.beef.org.pk

Registration/Enrollment # _____ Session _____

Morning or Evening _____ Shift timing Start _____ End _____

Major Subject _____ Science/Arts _____

Department/Faculty _____ Current Class _____ Current Class/Ongoing Semester as applicable _____

Latest passed out semester (s) _____ Year _____ Total GPA or CGPA _____

Obtained GPA or CGPA _____ Science/Arts _____ % _____

Full & Short Name of Current Institute _____

Name & Designation of the Head of Institute _____

Telephone # with city code _____ Fax # with city code _____

Mobile # _____ Email ID _____

7. UNDERTAKING BY THE STUDENT/APPLICANT

I _____ as a student/applicant, solemnly state that all information provided above are true and can be re-verified, if needed.

Sign _____ Date _____ Confirmed by the Father/Mother/Guardian, if possible also specify relationship _____

Name _____ Sign _____ Date _____

8. VERIFICATION BY THE HOSTEL WARDEN/INCHARGE

Hostel of Institute or Private Hostel or sharing rented residence _____ If private or rented then address _____

Monthly Hostel fee PKR _____ Monthly Mess Charges PKR _____

Total Annual Cost _____ (In words) _____

Name _____ Sign & Stamp _____

9. VERIFICATION & ENDORSEMENT BY THE CO-FOCAL PERSON (CFP) & FOCAL PERSON (FP)

- It is confirmed that student is maintaining his/her annual attendance _____%, as BEEF requires **not less than 75%** annual attendance.
- It is also confirmed that student is **not availing** any other scholarship / sponsorship / fee reimbursement etc.
- Also confirmed that above student is taking active part in extra curricular /sports activities.

PARTICULARS	CO-FOCAL PERSON (CFP)	FOCAL PERSON (FP)
Name		
Designation		
Telephone Landline (with city code)		
Fax #		
Mobile #		
Email ID		

Sign with stamp by the CFP

Sign with stamp by the FP