Session: Fall/Spring......

Parent / Guardian / Spouse



Date:

## COMSATS Institute of Information Technology Islamabad Campus

30, Sector H-8/1, Islamabad Ph: (92-51) 9258481-82, 4448371-72, Fax: (92-51) 4442805

## CIIT Employee Pecuniary (Application Form)

(a) Particulars of the Applicant				
Name:				
Program of studies:				
Registration #	- Current Semester:			
Father's / Guardian's / Spouse Named:	Father's CNIC#			
Address:				
PTCL #: Mobile #				
Financial Support Requested for the Semester Sp	oring / Fall			
(b) Particular of the CIIT Employee				
Name:				
Designation:				
Department/Section:				
Relation with applicant				
Date of joining CIIT:				
Affida	<u>wit</u>			
The information given in this application is understand that any incorrect information will reany information given in this application is for financial support, will have to refund all payment	esult in the cancellation of this application. If und incorrect or false after the grant of the			
The CIIT reserves the right for verification of the	e information given in this form.			
Signature of Student	Countersigned:			

(c) Certificat	te of the Emplo	yer				
It is certified that N CIIT Islamabad can in CIIT since	mpus working i	n OG/S0				
					Islan	Registrar (HR) nabad Campus
					Date:-	
For Use of the FSPC						
Mr/Ms		S/D	0			,bearing
registration#			Semester	of		program is
granted Rs	for	the	semester	as	CIIT	Employee's
Son/Daughter/Spot	use out of Talee	m Fund	under the CIIT	Employee's	Pecuniar	ry Program.
				-		enor of FSPC
					Date:	

Please Submit your from duly filled at following address:

Front office, Chakshazad Campus, Islamabad. Tel #: 9########.