

**OFFICE OF THE STUDENTS FINANCIAL ASSISTANCE**  
**UNIVERSITY OF MALAKAND**

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**Prime Minister Fee Reimbursement Scheme**  
**Students Details**

<b>Name (in capital Letters)</b>	
Domicile: (Attach Attested Copy)	
CNIC: (Attach Attested Copy)	
Contact Cell Number:	
Father Name:	
Registration Number:	
Session:	
Installment Number:	1 <sup>st</sup> - 2 <sup>nd</sup> - 3 <sup>rd</sup> - 4 <sup>th</sup>
Degree Program:	Masters / MPhil/MS/ PhD
Department:	
Current GPA/Percentage:	
Home Address:	
Email:	

**Declaration:**

Certified that I am **NOT** availing any other Scholarship including HEC Indigenous Scholarship, HEC Need Based Scholarship etc.

I certify that the information given in this form is correct.

Name/ Signature/Date

Head of Department  
Signature with official Stamp