



Financial Aid Office

Dow University of Health Sciences, Karachi.

4th Floor, Administration Block, DMC Campus, Baba-e-Urdu Road, Karachi-74200
Phone: 021-38771000, Ext: 5118, 5117 fao@duhs.edu.pk

Ref No: DUHS/FAO/2022/05-94

Dated: 16th May 2022

NOTICE

SCHOLARSHIP FOR THE YEAR 2021-22 – ABDULLAH T. MUHAMMED WEHWARIA & FARHAT ALEEM SCHOLARSHIP TRUST (MBBS STUDENTS ONLY)

The Abdullah T. Wehwaria and Farhat Aleem Scholarship Trust have invited applications from old students for renewal as well as from new deserving students admitted on open merit under MBBS program.

2. The interested applicants (students) are hereby requested to fill the prescribed application form available at Financial Aid Office, 4th floor, Admin Block, DMC, DUHS with Mr. Hassan between 10:00 am to 03:00 pm or download from DUHS website www.duhs.edu.pk DUHS, attach relevant documents and submit it to Mr. Hassan, Financial Aid Office latest by 28th May 2022 for further processing.

Director
Financial Aid Office (FAO)
Dow University of Health Sciences,
Karachi

Copy to:

1. The Principal, Dow Medical College, DUHS.
2. The Departmental Focal Person of Dow Medical College - with the request to place this information on prominent places of all Notice Boards.
3. The Incharge IT Department with the request to upload on website.
4. PA to the Vice Chancellor, DUHS.
5. Office Concerned.

DOW MEDICAL UNIVERSITY

APPLICATION FOR THE AWARD OF SCHOLARSHIP

NAME OF SCHOLARSHIP ABDULLA T MOHAMMED WEHWARIA & FARHAT ALEEM SCHOLARSHIP TRUST

1. PARTICULARS OF APPLICANT

a. CATEGORY OF ADMISSION _____

b. NAME OF STUDENT _____

(i) Class _____ (ii) Roll No. _____
(iii) Discipline _____ (iv) Batch _____
(v) District _____ (vi) Province _____

c. FATHER'S NAME (Mother in case father is not alive) _____

(i) Occupation _____ (ii) Gross Salary / Income _____
(attach Income Certificate / Affidavit)
(iii) Residential Address _____
(iv) Permanent Address _____
(v) Tel. Contact No. Res. _____ Office _____

d. SCHOLARSHIP PREVIOUSLY AVAILED (YES/NO) (OR APPLIED) _____

(Verified by Account Deptt.)

a) Particular of Scholarship _____ c) Bank Account No _____
b) Amount awarded Rs. _____

e. GUARDIAN'S NAME _____

(To be filled in if father and mother are not alive)

(i) Relation with Applicant _____
(ii) Monetary Assistance (Amount) given by Guardian _____
(iii) Address _____
(iv) Tel. Contact No. Res. _____ Office _____

f. LIST OF DEPENDANTS (Father / Guardian)

S.No.	Name	Relation	Age	Studying, Class/Job
01				
02				
03				
04				
05				

2. ACADEMIC RECORD OF THE LAST EXAMINATION (S)

Class/Year	Seat No.	Total. Max. Marks	Marks Obtained	Percentage	Merit Position (If Any)

See Reverse

3. DECLARATIONS

- a. I hereby declare that facts and figures entered in the application are correct to the best of my knowledge and I take full responsibility for correctness of the entries made herein. The Awarding Committee, can take any action against me if any of the entry in the application is found wrong and fake.

Signature of Applicant

- b. Certified that the above statement of my son / daughter / ward is correct and true.

Signature of Father / Guardian

Forwarded and duly recommended

Signature of Class Advisor

Signature
Chairman of the Department

PHOTO COPIES OF THE FOLLOWING DOCUMENTS TO BE ATTACHED

- a) Mark Certificate (s) of all examinations / S.S.C / H.S.C / B.Sc marks certificate for students of first year.
- b) (i) Salary certificate of father / guardian, if employed.
(ii) Updated Pension Book of father / guardian, if retired.
(iii) In case of father / guardian has business an affidavit of income verification in original.
- c) National I.D Card / B. Form of all dependants.
- d) University Identity Card
- e) *Handwritten application of the applicant: = as*

Note:

- (i) Copies of all the documents submitted along with the application must be attested by Officer of Grade 17 or above / Councilor / Nazim of the concerned Union Council.
- (ii) The University/Committee is authorized to demand any document whenever required.