

**Shaikh Khalifa Bin Zayed Al-Nahyan Medical & Dental College,
Lahore.**

**APPLICATION FORM
FOR REMISSION OF TUITION FEE**

Applicant's Name: _____

Present Class: _____ Roll No: _____ Session: _____

Boarder: YES/NO _____ if yes Hostel Address & Telephone No. _____

Father's/Guardian's Name _____

Father's/Guardian's monthly income: Rs. _____ Telephone No. _____

Did you receive any financial assistance/scholarship/fee concession during last academic year? Yes/No
If yes then encircle the applicable.

a) Title & amount of scholarship _____

b) Full/half fee concession _____

FAMILY BACKGROUND

Brother/Sister	Age(Years)	Occupation	Monthly Income	School/College (if Studying)

ACADEMIC PERFORMANCE

Result of the recent Professional Examination: PASSED IN ALL SUBJECTS /FAILED IN _____ SUBJECTS.

In case result of Professional Examination is not available then attach certificate of progress report mentioning academic performance/attendance in all subjects of previous & signed by the concerned professor.

Attach Photocopies Of: -

1. Last Professional Examination Result
2. Domicile
3. ID Card(New)
4. Electricity Bill
5. Father /Guardian Income Certificate (on Rs. 50/- stamp paper) /salary slip

SIGNATURE OF THE APPLICANT

Applicant should write nothing below (for office use only)

REMISSION OF COLLEGE TUITION FEE

- Full Remission Granted
- Half Remission Granted
- Rejected

PRINCIPAL

Shaikh Khalifa Bin Zayed Al-Nahyan Medical & Dental College, Lahore