



# Hamdard University

Date: \_\_\_\_\_

## FEE INSTALLMENT FORM (Revised 19<sup>th</sup> Dec, 2018)

### STUDENT

1. Student ID: \_\_\_\_\_ Program: \_\_\_\_\_ Year/ Sem: \_\_\_\_\_
2. Student Name: \_\_\_\_\_
3. Faculty & Campus: \_\_\_\_\_
4. Tel (Res): \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### FINANCIAL SUPPORTER

1. Financial Supporter Name & Relation: \_\_\_\_\_
2. Occupation Type:      Employed       Retired       Business Owner
3. Occupation Status: \_\_\_\_\_
4. Name of Employer/ Business: \_\_\_\_\_
8. Tel (Off): \_\_\_\_\_ Mobile: \_\_\_\_\_

### FAMILY STAUS

1. How many Family Members are studying? \_\_\_\_\_
2. Monthly Family Income: \_\_\_\_\_ Monthly Family Expenses: \_\_\_\_\_

### UNDERTAKING

The information given in this application is true to the best of my knowledge and I understand that any incorrect information will result in the cancellation of this application. Hamdard University reserves the right to use information given in this form for verification and other purposes.

Signature of Financial Supporter: \_\_\_\_\_ Signature of Student: \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach below mentioned documents where applicable:**

- 1) Employee card, Pay slip, Annual return, Business card, Bank statement, etc.,
- 2) Educational fee vouchers, House rental agreement, Utility bills, etc.

*Note: 5% instalment processing fee for outstanding amount is applicable.*

### For Office Use Only

#### TO BE ENDORSED BY FACULTY:

50% fee cleared by student:      Yes       No

Recommended       Not Recommended

Outstanding basic amount Rs: \_\_\_\_\_ Instalment due date: \_\_\_\_\_

Signature  
Member-1 (Nominated by Faculty)

#### TO BE ENDORSED BY STUDENTS FACILITATION CELL:

Due date to pay fee: \_\_\_\_\_ Signature: \_\_\_\_\_

#### DECISION BY FEE INSTALMENT COMMITTEE:

Allowed       Not allowed

Convener  
Deputy Director Finance

Member-2  
Head of System