



**AUQAF, HAJJ, RELIGIOUS & MINORITY AFFAIRS DEPARTMENT**  
SDU Building, Attached Department's Complex Khyber Road, Peshawar  
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Phone: 091-9223441 Email: [Auqaf@kp.gov.pk](mailto:Auqaf@kp.gov.pk)

**PROVISION OF FINANCIAL ASSISTANCE TO STUDENTS OF MINORITY EDUCATIONAL INSTITUTIONS & COMMUNITY BASED SCHOOLS:-**

**MISSIONARY SCHOOL INFORMATION**

<b>Name of School (In Capital Letters)</b>			
<b>District</b>		<b>Contact No.</b>	
<b>Affiliation with Board (enclose copy)</b>			
<b>School Address</b>			

**INFORMATION REGARDING MINORITY STUDENTS (CLASS WISE)**

(Please give details of the students, class wise, up-to Class 10<sup>th</sup>)

<b>S.No</b>	<b>Class</b>	<b>Total No. of Minority Students</b>	<b>Per Class Fee</b>	<b>No. of Needy &amp; Deserving Minority Students (up to 50% only)</b>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
<b>Total</b>				



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**UNDERTAKEN BY THE HEAD/PRINCIPAL OF THE INSTITUTE/SCHOOL**

I Mr. \_\_\_\_\_ Principal/Head of  
\_\_\_\_\_ do hereby  
solemnly declare and affirm that I have read and understood the instructions and provided actual  
and authentic information to the best of my knowledge. In case of any information contained  
herein is found at any stage to be missing, untrue, false or forged, candidature of my school can  
be cancelled at any stage, and I shall be liable to legal action.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Stamp: \_\_\_\_\_

**General Instructions:**

1. Do not provide incomplete, false or vague information.
2. Attach list of needy & deserving students, up to 50% of the minority students in each class, on the prescribed proforma.
3. Attach school registration certificate.
4. Details regarding number of students shall be provided as per school record
5. Application form along with relevant documents may be sent to the **Office of Section Officer (Dev) SDU Building, Attached Department's Complex Khyber Road, Peshawar** within 15 days after publication of this advertisement.



## PRESCRIBED PROFORMA

### LIST OF NEEDY & DESERVING MINORITY STUDENTS (CLASS WISE)

S. No	Class	Admission No. with date	Student Name	F/Name	Father Occupation
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

#### Instructions:

1. Provide names of needy & deserving students up to 50% of the total minority students in each class.
2. Avoid all kind of biased, false or forged information

**List prepared by:**

**Counter signed by:**

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature with stamp** \_\_\_\_\_

**Signature with stamp** \_\_\_\_\_