OFFICE OF THE REGISTRAR
The University of Haripur, Haripur
Khyber Pakhtunkhwa, Pakistan
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www.uoh.edu.pk

F.No: 1(2) UH/Reg/Estb/2021/1607 October 04, 2021

NOTIFICATION

With reference to the Notifications issued from this office vide F. No 2(2) UH/Reg/Estb/2021/1160, dated July 12, 2021 and F.No 2(3)/UOH/Reg/Estb/2021/1353, dated August 20, 2021 regarding 50% fee waiver to regular employees of the University of Haripur, their children (maximum two only) and spouse, it is notified for the information of and compliance by the all concerned that the Competent Authority is pleased to approve the enclosed **"Fee Concession Pro forma for UOH Employees."**

Moreover, this Pro forma is subject to change/ review as and when directed by the Competent Authority.

Assistant Registrar
(Establishment)

Copy to:

- All Deans, Chairpersons/HoDs, HoSs
- Webmaster, for uploading on University Website
- PS to Vice Chancellor
- PA to Registrar
- Relevant File(s)

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THE UNIVERSITY OF HARIPUR

Fee Concession Pro forma for UOH Employees

(To be filled by the UoH employees only, checklist is attached overleaf)

Employee Details:

Name:	
Employee ID:	
Designation:	
Department/ Section:	
Date of joining as regular employee:	
CNIC No:	
Documents mentioned in the checklist are attached or not (if any missing, provide details)	
Claiming for :	☐ Fresh fee concession challan (fee not paid yet) ☐ Reimbursement/ Adjustment of already paid fee

Student Details:

Name:	
Father Name:	
Registration No:	
Study Program:	
Mode of Enrolment: (Semester/ Annual)	
Semester / Annual Year:	
Department (in case of semester system) :	
Relationship with the Employee (Children, Spouse)	
Details of other Siblings: (if enrolled in UoH): (Name, Program, Department, Session)	

☐ I hereby declare that the information provided is true and correct. I also understand that any willful dishonesty may render for refusal of this application or initiate disciplinary action as per The University of Haripur Statues, 2016.

Employee Signature: _____ **Date:** _____

Head/ Chairperson of the Department / Examination Section

It is hereby verified that the above mentioned student was admitted to the University in **Annual / Semester** system in **Semester** _____ **/ Year** _____ and is currently a **Regular/ Private** student at our department/ University.

Signature: _____ **Date:** _____

Concerned Dean / Registrar Office (Academic Section)

Remarks: _____

Signature: _____ **Date:** _____

For Office Use Only

1: Employee Record *(Checked and Verified by Assistant Registrar - Establishment)*

Signature: _____ **Date:** _____

2. Registrar (For approval of fee concession for current semester/ annual year only as the case may be)

Signature: _____ **Date:** _____

3. Directorate of IT Services (For issuance of revised challan and updating EPR record of student)

Signature: _____ **Date:** _____

4. For record purpose, this original form duly filled and completed in all aspects shall be submitted in the Registrar Office (Establishment Section), The University of Haripur.

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Checklist

S.No	Documents	Provided	Not Provided/ Not Applicable
1.	Copy of attested CNIC of employee		
2.	Copy of appointment letter as regular employee in the University of Haripur		
3.	Family Registration Certificate (FRC)/ Marriage Registration Certificate (MRC) / Form B (Birth Certificate) – as the case may be		
4.	Fee Challan – Depositor's Copy (in case if fee is already paid)		
5.	No objection certificate for studies		

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