

**Specimen of Salary/Income Certificate from Guardian**  
**AFFIDAVIT / UNDERTAKING**

I \_\_\_\_\_ S/D/o \_\_\_\_\_ holding  
CNIC No. \_\_\_\_\_ Muslim, Adult, Resident of \_\_\_\_\_  
\_\_\_\_\_ do hereby solemnly affirm and state as under:

1. That I am the deponent / Guardian of this Affidavit/Undertaking and I am well-conversant with the facts.
2. That I belong to a low-income family and engaged in profession of \_\_\_\_\_ which is located at \_\_\_\_\_ and my monthly income from this profession is approximately Rs. \_\_\_\_\_/- (Pak Rupees Only) and I have no other source of income.
3. That my Son / Daughter / \_\_\_\_\_ having CNIC No. \_\_\_\_\_ Enrolment No. \_\_\_\_\_ is a regular student of \_\_\_\_\_ Semester (BS 4 Years)/ Pharm.D / LLB 5 Years) Morning Program at Department of \_\_\_\_\_, Campus \_\_\_\_\_, Federal Urdu University of Arts, Science and Technology (FUUAST), and his/her Per Semester Tuition Fee is Rs. \_\_\_\_\_/- (Pak Rupees Only) which is very expensive to regularly pay in every Six Month on time.
4. That my Son/Daughter is unable to complete his/her education (BS 4 Years)/ Pharm.D / LLB 5 Years) Morning Program without Financial Support through **“EHSAAAS Undergraduate Scholarship Project”** and I am also unable to bear the hardship and cost of his/her education due to low income and financial constraints.

That all information given above is true and correct to the best of my knowledge and belief.

**Dated:** \_\_\_\_\_

**Deponent / Guardian's Sign:** \_\_\_\_\_

Verification

It is verified that the above contents of this Affidavit/Undertaking are true and correct to the best of my knowledge and belief.

**(Date & Signature of UC–Chairman with Seal)**

**WITNESSES:**

**1.Sign:** \_\_\_\_\_ **2.Sign:** \_\_\_\_\_

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

**S/o:** \_\_\_\_\_ **S/o:** \_\_\_\_\_

**CNIC:** \_\_\_\_\_ **CNIC:** \_\_\_\_\_

**R/o:** \_\_\_\_\_ **R/o:** \_\_\_\_\_

Print on single Rs.50/- Stamp Paper