ID: Name: Photo Department: Program: Father's Name: Contact No: Mother's Name: Contact No: Student's Contact No: Alternative Contact No: Reason for application: (Please mention relevant dates of occurrences and your current health status) Enclosures: Please submit all relevant documents such as: 1) Parents' declaration 2) Photo, video (if any) 3) Doctor's certificate/ prescription 4) Hospitalization document 5) Others -Signature Date : For office use only **Credit:** Comments from Medical Officer: _____ **CGPA:**

Tuition Waiver Application for Wounded Students of July-August 2024 Uprising