



HIGHER EDUCATION COMMISSION

H-9, ISLAMABAD (PAKISTAN)

Payment Form for Access to Scientific Instrumentation Program

APPLICANT DETAILS :

Name of Applicant	
Name of Supervisor	
Department	
University/DAI	
Contact Details	Cell: _____ Email: _____
Name of Service Provider	
HEC Award Letter No. & Date <i>(attach a copy of HEC Award Letter for Ready Reference)</i>	

EXPENDITURE Detail:

SN	Name of Test	No. of Samples	Rate per Sample (Rs.)	Total Amount (Rs.)
Total				

Certified that the above expenditures have been incurred by the applicant to analyze the samples from the above mentioned service provider.

**SIGNATURE OF THE APPLICANT
SUPERVISOR**

SIGNATURE OF THE

(Name and Official Stamp)

COUNTERSIGNED BY DIRECTOR ORIC/DEAN*

Dated:

(Name and Official Stamp)
(*in case where ORIC does not exist)

Please attach the following with this form:

- a. Original Invoice (by Service Provider)
- b. Result Acceptance Voucher
- c. Copy of HEC Award Letter