



**HIGHER EDUCATION COMMISSION  
H-9, ISLAMABAD (PAKISTAN)**

**Payment Form for Access to Scientific Instrumentation Program**

**APPLICANT DETAILS:**

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

**EXPENDITURE DETAILS**

<b>Name of Test</b>	<b>No. of Samples</b>	<b>Rate per Sample (Rs.)</b>	<b>Total Amount (Rs.)</b>
<b>Total</b>			

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

SIGNATURE OF THE SUPERVISOR  
(Name and Official Stamp)

COUNTERSIGNED BY DIRECTOR ORIC/DEAN\*  
(Name and Official Stamp)

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

\*In case where ORIC does not exist.

Please attach the following with this form:

- Copy of HEC award letter
- Copy of the Result of the Tests
- Result Acceptance Voucher
- Original Invoice from Service Provider