Center For Advanced Studies in Engineering

Sir Syed Memorial Building, 19 Ataturk Avenue, G-5/1, Islamabad
Telephone: 92-51-8432273 Fax: 90-51-8314660
Email: info@case.edu.pk Web: www.case.edu.pk

Fee Installment Form

CASE Roll No: _____

Name: _____
First Middle Last

Tel. No: _____

Semester: ☐ Spring ☐ Summer ☐ Fall **Year** ____

Program
- ☐ BSEE.
- ☐ BSCS
- ☐ BBA
- ☐ MS
- ☐ PhD

Department
- ☐ Elect & Computer Engineering
- ☐ Engineering Management
- ☐ Management Sciences
- ☐ Computer Sciences

Total Fee Payable _____Fee to be paid at the time of Registration_____

(50% of total fee is mandatory)

Installment Plan (*Rs. 750/-one time installment fee will be added)*

Undergraduate			Postgraduate		
Installment No	**Due Date (MM/DD/YYYY)**	**Amount**	**Due Date (MM/DD/YYYY)**	**Cheque No**	**Amount**
1					
2					
3					
Total Amount			**Total Amount**		

PLEASE READ THE FOLLOWING AND SIGN: *I fully understand that if this Cheque is bounced back/dishonored then, I will be held responsible. In such a case, Institute has the right to take any action including but not limited to,*

a) A penalty of Rs. 1000/- for postgraduate students in case the cheque is bounced and Rs. 500 late fee for undergraduate students if installment is not paid by the given date will be charged.
b) Cancellation of registration / admission.
c) Grad/Post Grad Students must deposit Post dated cheques with this form.
d) It is student's responsibility to ensure that sufficient funds are available in the bank account for which the post dated crossed Cheque (s) has been submitted ***CASE would not be issuing any reminders.****.*

Student's Signature:_____ **Date:** _____

For Office Use Only

☐ **Installment Granted** ☐ **Not Granted** ☐ **Recommended to** (If initial amount is less than 50%)

☐ **Registrar CASE** _____

_____
Manager S. A.

☐ **Dean Academics**_____

Installment Fee Form (Student Receipt)

Name: _____ **Roll No** _____

(1) Due Date----------Amount (2) Due Date----------Amount----------

(3) Due Date----------Amount ----------. Signature S. A Deptt----------