

## DIRECTORATE GENERAL OF SCIENCE & TECHNOLOGY GOVERNMENT OF KHYBER PAKHTUNKHWA

1<sup>st</sup> Floor Midway Building, Old Shami Road, Peshawar Cantt. <a href="https://dost.kp.gov.pk/">https://dost.kp.gov.pk/</a>

Phone # 091- 5285549

## APPLICATION FORM for the GRANT FOR EQUIPMENT MAINTENANCE UNDER "TOOL FOR SCIENCE PROGRAMME"

Name:		Designation:	
Department:		Phone:	
E-mail:		Fax:	
Institute Nar	me & Address:		
DETAILS O	F EQUIPMENT: (PLEASE USE EXTRA SHEET IF TH	HERE ARE MORE T	HAN ONE EQUIPMENT NEEDING REPAIR/ MAINTENANCE)
Name:		Make:	
Model:		Year of Manufacture:	
Year of Installation:		Cost of Equipment:	
Funded by:		Location (Department):	
Give the Number of Students/Researchers Using it:		When was it repair for last time?	
DETAILS O	F MANUFACTURER(S):		
Name:		Country of origin:	
Name:		Country of	f origin:
	Pakistan (if any):	Country of	f origin:
Address in F  PARTS:  Details of th	Pakistan (if any):  The parts to be replaced ar replacement	Country of	f origin:
Address in F  PARTS: Details of th  Reasons for	e parts to be replaced	Country of	f origin:
Address in F  PARTS:  Details of th  Reasons for  Give details	r replacement		
Address in F  PARTS:  Details of th  Reasons for  Give details	r replacement of accessories, if required		
Address in F PARTS: Details of th Reasons for Give details  DETAILS O	r replacement of accessories, if required		OSTS:
Address in F PARTS: Details of th Reasons for Give details  DETAILS O S. No.	r replacement of accessories, if required		OSTS:

THE AMOUNT OF ASSISTANCE SOUGHT FROM DGST:		
Rs(Rupees		
THE UNDERTAKING BY THE APPLIC	ANT:	
I HEREBY AFFIRM AND UNDER	TAKE THAT:	
THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND AS PRECORDS AVAILABLE WITH THE UNIVERSITY/INSTITUTION/CENTRE		
IF ASSISTANCE IS PROVIDED I WILL SUPERVISE THE WORK PERSONALLY AND SHOUL ENTIRE RESPONSIBILITY, ON BEHALF OF MY VICE CHANCELLOR/ DIRECTOR		
TO ADJUST THE AMOUNT OF	GRANT WITH PROPER RECEIPTS, DULY VETTED BY TH	
UNIVERSITY AUDIT SOON AFT	ER THE COMPLETION OF MAINTENANCE WORK, WITH	
OFFICE STAMP	SIGNATURE OF APPLICAN	
Date:		
RECOMMENDATIONS FROM VICE O	CHANCELLOR OR DIRECTOR	
	RE PART(S) REQUESTED IS/ARE NECESSARY FOR THE BECOME OPERATIONAL AND IT CANNOT READILS OWN FUNDS.	
OFFICE STAMP	SIGNATURE OF	
	PRINCIPAL/VICE CHANCELLOR/RECTO	
Date:		

- 1. Certificate of Unavailability of resources to repair the equipment/system.
- 2. Statement of Interdisciplinary use of the equipment (150 Words).
- 3. Statement of relevance with 8+3 areas of KP Science Agenda (150 Words).

## PLEASE SEND THE PROPOSAL ON OR BEFORE 20-08-2025 TO:

Director General of Science & Technology Govt. of Khyber Pakhtunkhwa

1st Floor Midway Building, Old Shami Road, Peshawar Cantt. <a href="https://dost.kp.gov.pk/">https://dost.kp.gov.pk/</a>

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