

**GUARANTEE TO PREVENTION & CONTROL OF NCDs PROGRAM
(ON STAMP PAPER WORTH RS. 50)**

I, son/daughter of
do hereby guarantee the payment of any such sum as penalty and compensation as assessed by the NCDs Program which may be called upon to pay to NCDs Program for the breach of any of the terms and conditions of the agreement by the principle researcher Mr./Ms. son/daughter of with CNIC no. approved for Ph.D scholarship, as well as those governing the award of scholarship for Ph.D. Studies. I hereby undertake to pay the total sum on demand in the event of the scholar making a default in the payment of the sum.

Signature:

Name:

CNIC No.:

Present Address:

Permanent Address:

<p>_____</p> <p>Witness No. 1 Full Name & CNIC No.</p>	<p>_____</p> <p>Witness No. 2 Full Name & CNIC No.</p>
<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Signature</p>
<p>_____</p> <p>Address & Contact No.</p>	<p>_____</p> <p>Address & Contact No.</p>