



(EXAMINATIONS DEPARTMENT)

APPLICATION for ISSUANCE OF

TRANSCRIPT CERTIFICATE

Please Tick (✓) following ORDINARY URGENT DUPLICATE
 MUET SZAB CEAD HIAST GCT HCST

Inward No. _____

Dated: _____

Note: Fill as per Enrollment Card. In case of any mistake, separate fee will be charged for correction.

Seat No: _____

Enrollment No: _____

Name (in capital letters): _____

Father's Name: _____

Surname: _____

CNIC NO. _____

Date of Admission _____

Year of Passing _____

Address: _____

Email _____ Contact No _____

Bank Challan No _____ Dated _____ Amount _____

ORIGINAL/DUPLICATE/CORRECTION FEES AND WORKING DAYS

| DEGREE PROGRAMS | ORDINARY | | URGENT | |
|-------------------------------|----------|------|--------|--------------------------------------------------------|
| | FEES | DAYS | FEES | DAYS |
| BACHELOR/B.TECH/MASTERS/Ph.D. | 2570 | 10 | 3570 | 05 (subject to availability of signing authorities) |

PARTICULAR DOCUMENTS REQUIRED.

- ORIGINAL BANK CHALLAN
- PHOTO COPY OF PASS CERTIFICATE
- PHOTO COPY OF ENROLLMENT CARD
- PHOTO COPY OF CNIC
- PHOTO COPY OF ALL MARKS CERTIFICATES (1ST TO FINAL TERM)

Note: - PLEASE NOTE THAT OLD BATCHES CASES I.E. FROM 2000 & BACKWARD MAY TAKE MORE TIME DUE TO OLD RECORD VERIFICATION, HENCE CAN'T BE ENTERTAINED IN CATEGORY OF URGENT.

SIGNATURE OF THE CANDIDATE

OFFICE USE ONLY

PREPARED BY: _____

CHECKED BY: _____