



(EXAMINATIONS DEPARTMENT)

APPLICATION for

VERIFICATION OF DOCUMENTS

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

ID. Number. _____ Enrollment No. _____

Name (in capital letters). _____

Father's Name. _____ Surname. _____

CNIC No. _____

Phone No. _____ Cell No. _____

Bank Challan No: _____ Dated: _____ Total Amounts Rs. _____

ORIGINAL/DUPLICATE/CORRECTION /FEES AND WORKING DAYS

CERTIFICATES	Ordinary		Urgent	
	Fees	Days	Fees	Days
VERIFICATION OF ANY CERTIFICATE BACHLOR/MASTERS/Ph.D. (AFFLIATED COLLEGES) DEGREE-TRANSCRIPT-PASS CERTIFICATE- CGPA- AND OTHER CERTIFICATES. IF VERIFICATION IS RECEIVED DIRECTLY FROM OUT OF COUNTRY THROUGH ANY ORGANIZATION 50 (U.S.DOLLARS).	1890	10	2340	05
Urgent and ordinary cases may be late due to Un-availability of signing authorities.				

Name of Organization / Institution

Address: _____

Email: _____

PARTICULAR DOCUMENTS REQUIRED

- ORIGINAL BANK CHALLAN (SEPARATE CHALLAN FOR EACH CERTIFICATE).
- ORIGINAL PLUS THREE PHOTO COPIES BOTH SIDES DEGREE /TRANSCRIPT /PASS CERTIFICATE TO BE VERIFIED.
- ATTESTED COPY OF ENROLLMENT CARD **A4 LAND SCAPE PAGE SIZE**.
- ATTESTED COPY OF PASS CERTIFICATE.
- LETTER OF THE DEPARTMENT / INSTITUTE TO WHOM VERIFICATION IS REQUIRED. (IF ANY).
- PHOTO COPY OF CNIC **A4 LAND SCAPE PAGE SIZE**.

NOTE: - PLEASE NOTE THAT OLD BATCHES 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

Prepared by _____ Checked by _____ Controller of Examinations _____