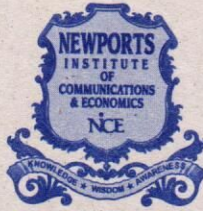


2680



DOCUMENTS REQUEST FORM

DEGREE TRANSCRIPT PROVISIONAL LETTER OTHER (Please Specify) _____

NAME :		FATHER NAME :	
REG. ID :		DATE OF SUBMISSION :	
FACULTY :	<input type="checkbox"/> BUSINESS ADMINISTRATION	<input type="checkbox"/> TEXTILE FASHION DESIGN	CONTACT # :
	<input type="checkbox"/> COMPUTER SCIENCE	<input type="checkbox"/> BTEC/B.ED	EMAIL :
DEGREE	<input type="checkbox"/> BBA	<input type="checkbox"/> MBA	PERMANENT ADDRESS :
	<input type="checkbox"/> BCS/BS	<input type="checkbox"/> MCS/MS	
	<input type="checkbox"/> BTD/BFD	<input type="checkbox"/> BTEC	
	<input type="checkbox"/> B.ED	<input type="checkbox"/> Other _____	

CHECKLIST OF DOCUMENTS ATTACHED (Documents copies are required to be attested/certified)

<input type="checkbox"/> MATRIC MARKSHEET	<input type="checkbox"/> GRADUATION CERTIFICATE	<input type="checkbox"/> CREDIT TRANSFER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<input type="checkbox"/> MATRIC CERTIFICATE	<input type="checkbox"/> GRADUATION MARKSHEET	PREVIOUS INSTITUTE NAME : _____		
<input type="checkbox"/> INTERMEDIATE MARKSHEET	<input type="checkbox"/> PREVIOUS INSTITUTE TRANSCRIPT			
<input type="checkbox"/> INTERMEDIATE CERTIFICATE	<input type="checkbox"/> A LEVEL CERTIFICATE			
<input type="checkbox"/> O LEVEL CERTIFICATE	<input type="checkbox"/> A LEVEL CERTIFICATE			
<input type="checkbox"/> A LEVEL CERTIFICATE	<input type="checkbox"/> COPY OF CNIC			

FOR OFFICIAL USE ONLY

ACCOUNT CLEARANCE DETAILS

Total Package: _____

Total Course: _____

Accountant Signature: _____ Director Finance: _____

DEPARTMENT APPROVAL

Controller Examination: _____ Registrar _____

V. Chariperson _____ Chariperson _____

STUDENT RECEIPT (*student are required to fill the information below)

Student Name* _____ Reg ID* _____

Date of Submission* _____ Document Required* _____

Received by : _____ Receiver Signature: _____