

U N I V E R S I T Y O F C H A K W A L

FORM G

Application for: TICK THE APPROPRIATE BOX

☐ Semester Grade Sheet (For Semester(s))

1

2

3

4

5

6

7

8

Summer

Summer

Summer

Summer

☐ Transcript of Awards

☐ Provisional Certificate

☐ Degree

☐ Merit Certificate

☐ Duplicate (Degree/Transcript/Provisional Certificate/SGS)

FOR OFFICE USE ONLY

Serial. No.

Dated:

Challan No.

Amount:

Dated:

Dealing Assistant:

Assistant Controller :

Controller/Dy Controller:

Note:- Please read the overleaf Instructions carefully before filling in this form.

1. Registration No:

Department:

2. Applicant's Name:

(As per Matric Certificate - IN BLOCK LETTERS )

3. Father's Name:

(As per Matric Certificate - IN BLOCK LETTERS )

4. CNIC No:

5. Passport No (if any):

6. Nationality:

7. Date of Birth(dd/mm/yy):

8. Address:

Mobile No:

9. Year of Passing / Last Attempts:

10.Challan No.

Dated:

Amount: Rs.

11.Name of Bank Ltd. Branch

(Please attach the Original Challan – counter foil-1)

Declaration

I solemnly declare that the particulars given above are correct to the best of my knowledge and belief.

Signature of the applicant

TO BE FILLED IN BY THE CONCERNED UNIVERSITY OFFICES

1. Certified that the particulars mentioned above have been checked from the record of this office and found correct. Also, no dues / fines are outstanding against the above mentioned applicant (Till date) as per record of this office.

Additional Treasurer