



The Women University Multan

(Office of the Controller of Examinations)

APPLICATION FORM FOR MERIT CERTIFICATE

Name of student: _____ Father's Name: _____

CNIC Number of student: _____ - _____ - _____ Registration Number: _____

Program/Discipline: _____ Session: _____

Obtained CGPA: _____ - _____ Roll Number: _____

Contact no. : _____ Email ID: _____

Postal Address: _____

Documents Required (Check list):

- Attested copy of CNIC
- Attested copy of Academic Transcript
- Paid voucher/ Bank Draft (Rs 800/-)

Signature of Student

Date

FOR EXAMINATION OFFICE USE ONLY

Diary no. _____

Receiving Date: _____

Received By: _____

Position Secured: _____

Documents Attached

YES

NO

Signature of dealing Clerk: _____

Date: _____

Signature of Asst. Controller: _____

Date: _____

Forwarded to Controller of Examinations Office: _____

Date: _____

Issuance Date from Degree Cell: _____



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