



The Women University Multan

(Office of the Controller of Examinations)

APPLICATION FORM FOR DUPLICATE TRANSCRIPT

Name of student: _____ Father's Name: _____
CNIC Number of student: ____ - ____ - ____ Father's CNIC: _____
Date of Birth: _____ Registration Number: _____
Program/Discipline: _____ Session: _____
Roll Number: _____
Contact no. : _____ Email ID: _____
Permanent Address: _____
Postal Address: _____

Documents Required (Check list):

- Attested copy of CNIC
- Attested copy of Academic Transcript
- Paid voucher/ Bank Draft (Rs 1500/-)

Signature of Student

Date: ____--____--____

FOR EXAMINATION OFFICE USE ONLY

Diary no. _____

Receiving Date: _____ Received By: _____

Documents Attached

YES

NO

Signature of dealing Clerk: _____ Date: _____

Signature of Asst. Controller: _____ Date: _____

Forwarded to Controller of Examinations Office:

Signature: _____

Issuance Date from Degree Cell: _____



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