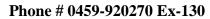
## CONTROLLER OF EXAMINATIONS DRPARTMENT UNIVERSITY OF MIANWALI



**Email:** 



#### Application Form for the Semester Card (s) / Official Transcript

| Name: (Capital Letters)  |  |                       |             | Father Na                       | Father Name:         |  |                     | Roll No:         |              |                    |
|--|--|-----------------------|-------------|---------------------------------|----------------------|--|---------------------|------------------|--------------|--------------------|
| Registration No:   |  |                       |             | Departmo                        | Department:          |  |                     | Session:         |              |                    |
| Clas   | ss: (please Tick the a   | appropriate)          |             |                                 | Please Tid           | Please Tick                            |                     |                  |              |                    |
| M.F  | Phil/ PH.D/MA/BS/(   | 'H)                   |             |                                 | Morning              |  |                     |                  | Fee Paid: Rs |                    |
|  |  | ,                     |             |                                 |                      | Morning/Evening/Afternoon              |                     |                  |              |                    |
| Stu  | dent CNIC NO:  |                       |             |                                 | Contact N            | Contact No: Transcript Required:       |                     |                  |              |                    |
| Dat  | e:   |                       | CLEARANCE ( | for Final Tra                   | nscript only         | Student Signature:                     |                     |                  |              |                    |
| CLEARANCE (for Final Transcrip   |  |                       |             |                                 | miscript omy         | Major supervisor for Thesis/Internship |                     |                  |              |                    |
| 4  | D  |                       |             |                                 |                      | D 1                                    |                     |                  |              |                    |
| 1  | Department Con   | cerned                |             |                                 |                      | Remark                                 | s:                  |                  |              |                    |
| 2  | Lab Concerned  | Lab Concerned         |             |                                 |                      |  |                     |                  |              |                    |
| 3  | Department Library   |                       | Date:       |                                 |                      | Signature &Stamp                       |                     |                  |              |                    |
| 4  | Main library   |                       |             | Chairperson/Coordinator/Princip |                      | al                                     |                     |                  |              |                    |
| 5  | Hostel   | Hostel                |             |                                 | Remarks:             |  |                     |                  |              |                    |
| 6  | Assistant Treasurer  |                       | Di          |                                 | Date:                | Date:                                  |                     | Signature &Stamp |              |                    |
| 7  | Career &Alumni   | Career &Alumni office |             |                                 |                      |  |                     |                  |              |                    |
| 8  | Others (if any)  |                       |             |                                 |                      |  |                     |                  |              |                    |
|  |  |                       |             |                                 |                      |  |                     |                  |              |                    |
| Ren  | narks:   |                       |             |                                 |                      |  |                     |                  |              |                    |
| Date   | e:   |                       |             |                                 |                      |  |                     |                  | Dy. Controll | er of Examinations |
|  |  |                       |             |                                 |                      |  |                     |                  |              | re & Stamp         |
| Rec  | eiving Date:   |                       | Co          | ompilation I                    | Date                 | eIssue Date:                           |                     |                  |              |                    |
| Stu  | dent Receiving   | Name:                 |             |                                 | Signature            |  | CNIC                | C:               |              | Date:              |
|  |  |                       |             |                                 |                      |  |                     |                  | L.           |                    |
| >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>  |  |                       |             |                                 |                      |  |                     |                  |              |                    |
| Name: Registration   |  |                       |             | on No:                          | No: Roll No:         |  |                     | Session:         |              |                    |
| Class: (Please tick the appropriate) Please Tic  |  |                       |             |                                 |                      |  | Transcript Required |                  |              |                    |
|  |  |                       |             |                                 | vening/Afternoon     |  |                     |                  |              |                    |
| <b>Introduction:</b> (i) Copy of I   |  |                       |             | ppy of Regist                   | of Registration Card |  |                     |                  |              |                    |
| 1. A   | 1. Attach following documents (ii) Original Fee (for semester card only) |                       |             |                                 |                      |  |                     |                  |              |                    |
| (iii) Clearance slip (only required for final)   |  |                       |             |                                 |                      |  |                     |                  |              |                    |
| 2. Transcript will be issued after 10-days submission of this form.                                |  |                       |             |                                 |                      |  |                     |                  |              |                    |
| 3. Student must have to show his/her original CNIC of Uni. Student Card to receive the Transcript. |  |                       |             |                                 |                      |  |                     |                  |              |                    |
| 4. Transcript will not be issued before the notification of the said result.                       |  |                       |             |                                 |                      |  |                     |                  |              |                    |
| Date: Signature of Branch Official   |  |                       |             |                                 |                      |  |                     |                  |              |                    |

# CONTROLLER OF EXAMINATIONS DRPARTMENT UNIVERSITY OF MIANWALI



Phone # 0459-920270 Ex-130

**Email:** 

### PAPER RECHACKING PERFORMA

| Name:   | Father's Name:                     |  |
|---|------------------------------------|--|
| Examination Roll No:                              | Registration No:                   |  |
| Examination/Degree:                               | Semester/Part/Term:                |  |
| Paper to be rechecked:                            |                                    |  |
| Course Code                                       | Course Title                       | Marks Obtained   |
| 1   |                                    |  |
| 2   |                                    |  |
| 3   |                                    |  |
| 4   |                                    |  |
| 5   |                                    |  |
| 6   |                                    |  |
| 7   |                                    |  |
| 8   |                                    |  |
| 9   |                                    |  |
| 10  |                                    |  |
| Above mention papers may l herewith it.           | kindly be rechecked. Receipt of th | e required fees has been attached  |
| Fee Deposited Date:                               | Amount:                            | Challan #  |
| Postal Adress:                                    |                                    |  |
| Contact No:                                       |                                    |  |
| _   | <del>-</del> -                     | rd and relevant answer script before<br>ly be forwarded through department |
| Signature of Application with Department Chairman | _<br>h date                        | Department Chairman  |

# CONTROLLER OF EXAMINATIONS DRPARTMENT UNIVERSITY OF MIANWALI



| Phone # 0459-920270 Ex-130 | Email: | ersity of Milania |
|----------------------------|--------|-------------------|
| REF.CE/UMW/:/2022.         | Dated: | •••••             |

### TO WHOM IT MAY CONCERN

| This is certified that Mr. / | Miss                            | S/O/D/O                                 |
|------------------------------|---------------------------------|---|
| is a bonafide student of thi | s university under Roll No:     | Session:                                |
| Class:                       | Term/Semester 20F               | He/ She has appeared/will appear in the |
|                              | Term/Semester Final Exami       | nation 20 and will pass said            |
| Examination in good mark     | as & percentage. I wish him/her | success in every mode of life.          |

Controller of Examinations, University of Mianwali.