



DHA SUFFA UNIVERSITY

Khayaban-e-Tufail, Phase-VII (Extension) DHA, Karachi-75500

APPLICATION FOR THE ISSUANCE OF DUPLICATE TRANSCRIPT

To be filled in by the Student

Reg. #: _____ Student's Name: _____

Father's Name: _____ Degree Program: _____

Semester & Year of passing the last (final) examination: _____

CNIC No. - - Telephone No. (Res): _____

Reason for Duplicate Transcript _____

Mob: _____ E-mail: _____ Student's Signature: _____

Please ensure that the following documents are attached:

- Photocopy of Final Transcript issued earlier
- Photocopy of CNIC
- FIR (in Original) in case of Lost / Theft / Snatched
- Original Paid Challan of Duplicate Transcript Fee (Rs. 1000/-)

Note:

- The applicant should fill in his / her name and father's name as entered in the Matriculation Certificate.
- The form should be filled in and signed by the applicant himself / herself.
- The minimum time for issuance of duplicate Transcript is 15 working days.
- University reserves the rights to change or modify the fee or extend the above mentioned duration.

AFFIDAVIT

(To be filled in by the applicant)

I, _____ s/o – d/o _____ hereby solemnly affirm that the information given in the form is correct to the best of my knowledge.

The Transcript when delivered shall be received by me or any of my family members (with authority letter) for which I shall be wholly responsible.

Student's Signature: _____

FOR OFFICE USE ONLY

HOD's Clearance & Recommendations:

- Recommended: Not Recommended: for the issuance of Duplicate Transcript.

Signature of the Head of Department: _____ Date: _____ Office Stamp: _____

Accounts Department Clearance:

1. Received a sum of Rs. _____ (Rupees _____) for the issuance of Duplicate Transcript.
2. All dues in respect of the above mentioned student are cleared and nothing is outstanding against him/her.

Manager Finance Signature: _____ Date: _____ Office Stamp: _____

Registration Department Clearance & Recommended:

- Recommended: Not Recommended: for the issuance of Duplicate Transcript.

Registrar / Dy. Registrar's Signature: _____ Date: _____ Office Stamp: _____

Examinations Department:

Application received from the Registrar Office by (Name): _____ on (date) _____ Signature: _____

Receipt for Duplicate Transcript

Student Name: Mr. / Ms. _____

Registration #: _____ Degree Program: _____

Dated: _____