UNIVERSITY OF SARGODHA

Office of the Controller of Examinations

FOR OFFICE USE ONLY
No. SU/CE/ACE(D)_____
Dated_____

(VERIFICATION SECTION)

Phone No. 048-9230811-15 Ext: 515,519

APPLICATION FORM FOR VERIFICATION OF RESULT CARD / TRANSCRIPT / DEGREE

Examination Information	1. Degree Programme_____ 2. Roll No. _____ 3. Session / Year _____ 4. Registration No._____ 5. Marks Obtained / CGPA_____6. Division_____(Only for Annual system)
Personal Information	7. Candidate Name_____ 8. Father's Name _____ 9. CNIC No. [ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ]-[ ] 10. Address_____ _____ 11. Permanent District _____ Contact Nos. Cell#_____ Land Line#_____ **Affix Attested Photograph**
Fee Information	12. Amount of Fee_____ 13. Challan /Draft No. _____ 14. Dated_____ 15.Habib Bank Branch _____

I hereby declare that all the particulars mentioned above are correct and that in case of any difficulty arising out of inaccuracy therein. I shall be responsible for the consequences. I have attached all required documents.

Signature and Stamp of Attesting Officer **Signature of Candidate**

Name of Attesting Officer_____

CNIC# [ ][ ][ ][ ][ ]-[ ][ ][ ][ ][ ][ ][ ]-[ ]

IMPORTANT REQUIREMENTS ضروری ہدایات

1. This Urgent Degree Form (Attested)
2. Photograph (Attested)
3. **Fee Rs. 2000/-** (Original Bank Challan) **(HBL Collection Account # 00427991777803)**
   Past Paid Fee Slip Backside of this form. (Fee must be deposited on computer generated print of online challan available at www.su.edu.pk)
   جمع شدہ فیس سلپ اس فارم کی پشت پر چسپاں کریں
4. Photocopy of Result Card/Transcript/ Degree (without attestation for verification)
5. Photocopy of CNIC (Attested)

امیدواران ڈگری ویریفیکیشن کی درخواست دینے سے قبل رزلٹ کارڈ/ٹرانسکرپٹ/ڈگری پر درج کوائف چیک کرلیں غلطی کی صورت میں پہلے رزلٹ کارڈ/ٹرانسکرپٹ/ڈگری درست کروائیں بصورت دیگر ویریفیکیشن نہ ہوگی۔

واپسی کا پتہ (امیدوار اپنا پتہ خود درج کریں)

نام		نام	
ولدیت		ولدیت	
پتہ		پتہ	
فون نمبر		فون نمبر	