ALHAMD ISLAMIC UNIVERSITY

EXAMINATION DEPARTMENT

APPLICATION FORM

Date: _____

Registration No : _____ **Program :** _____

Student Name : _____ **Session :** _____

Father's Name : _____ **Department :** _____

Contact No: _____ **Whatsapp No:** _____

APPLYING FOR				
☐	Transcript of Study:	**Original:** ☐	**Revised:** ☐	**Duplicate:** ☐
☐	Degree of Study:	**Original:** ☐	**Revised:** ☐	**Duplicate:** ☐
☐	Provisional Certificate:			
☐	Result Card:			
☐	Diploma			
☐	Document Verification:			
☐	Migration Certificate:			
☐	Others:			

Submit this form to Registration office along with required documents

* Matric to Last Degree (DMC & DEGREE)
* Local/ Domicile
* 2 Passport Size Photographs
* All documents must be attested

_____

Student Signature

For office use only

Signature & Remarks

Registration Department: _____

PC/ HOD: _____

ORIC : _____

Finance Department: _____

Examination Department

D/S Ref No:_____ T/S Ref No:_____ VER Ref No:_____

Dated:_____

Whatsapp: 0333-1535341

Examination Officer