ALHAMD ISLAMIC UNIVERSITY

Examination, Testing & Certification

AUTHORITY LETTER

Registration No: _____

Program Name: _____

Student Name: _____

Father Name: _____

CNIC No: _____

Contact No: _____

I hereby authorized Mr. / Ms: _____ son/daughter/of _____

who is my _____ having CNIC No:_____ to collect my

document _____ from Examination Department.

His/her three specimen signatures are given below;

1. _____
2. _____
3. _____

MY Signature: _____

Note: Attach one CNIC copy of receiver