



# ALHAMD ISLAMIC UNIVERSITY

## EXAMINATION DEPARTMENT

### APPLICATION FORM

Date: \_\_\_\_\_

Registration No : \_\_\_\_\_

Program : \_\_\_\_\_

Student Name : \_\_\_\_\_

Session : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Department : \_\_\_\_\_

Contact No: \_\_\_\_\_

Whatsapp No: \_\_\_\_\_

APPLYING FOR	
<input type="checkbox"/> Transcript of Study:	Original: <input type="checkbox"/> Revised: <input type="checkbox"/> Duplicate: <input type="checkbox"/>
<input type="checkbox"/> Degree of Study:	Original: <input type="checkbox"/> Revised: <input type="checkbox"/> Duplicate: <input type="checkbox"/>
<input type="checkbox"/> Provisional Certificate:	
<input type="checkbox"/> Result Card:	
<input type="checkbox"/> Diploma	
<input type="checkbox"/> Document Verification:	
<input type="checkbox"/> Migration Certificate:	
<input type="checkbox"/> 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

<b>Signature &amp; Remarks</b>
Registration Department: _____
Registrar: _____
PC/HOD: _____
ORIC: _____
Finance Department: _____

Examination Department

D/S Ref No: \_\_\_\_\_

T/S Ref No: \_\_\_\_\_

VER Ref No: \_\_\_\_\_

Dated: \_\_\_\_\_

Whatsapp: 0333-1535340

Examination Officer