



UNIVERSITY OF CHITRAL

Photograph duly attested

TRANSCRIPT APPLICATION FORM

Attach

Recent

on back side.

1. Candidate Information: (Attach copy of CNIC and all previous Semesters DMCs)

Name: _____ Father's Name: _____

CNIC No: _____ Mobile Number: _____

Address: _____

Session: _____ Degree/Program: _____

Roll Number: _____ Last Exam Year: _____ 2.

Previous Degree Information: (Attach attested copy of last DMC)

Degree/Certificate Title: _____ Roll Number: _____

Maximum Marks: _____ Obtained Marks: _____

Result Declaration Date: _____

University/Board: _____

3. Fee Detail:

Transcript Fee Rs: 1000/- Bank Branch: _____ Receipt No: _____ Date: _____

Thesis Fee Rs: 4500/- (if applicable) Bank Branch: _____ Receipt No: _____ Date: _____
(Deposit the Transcript and Thesis Fees separately)

Candidate Signature: _____

Note: Processing time for transcript is 07 to 10 working days.

FOR OFFICE USE ONLY

Received Diary No/Date _____

Transcript printed on _____ Sr. No _____

Remarks, if any (pertaining eligibility or any other issue pertaining to issuance of Final Transcript) -----

Dealing Assistant

ACE/DCE(Secrecy)

Controller of Examinations