QUAID-I-AZAM UNIVERSITY ISLAMABAD

OFFICE OF THE CONTROLLER OF EXAMINATIONS
(ICT AFFILIATED COLLEGE SECTION)

Form No:____________
(for office use only)

APPLICATION FORM FOR ISSUANCE OF DEGREE

(1) **Degree Type**: ☐ Original Degree ☐ Duplicate Degree (2) **Required**: Urgent ☐ Normal ☐

(3) **Delivery Mode**: ☐ By Hand ☐ By Post (4) **Program**: ☐☐☐☐
B.A/B.Sc./B.Com/M.A/M.Sc./M.Com/BS (CS)

(5) **Examination**: ☐ Annual ☐ Supply Session ☐☐☐☐

(6) **Registration No.** ☐☐☐☐☐☐☐☐☐☐☐☐

(7) **Name of Student** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Paste Passport Size Photograph here

(8) **Father's Name** ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

(9) **CNIC No.** ☐☐☐☐☐ - ☐☐☐☐☐☐☐ - ☐

(10) **Contact No.** ☐☐☐☐☐☐☐☐☐☐☐☐

(11) **Roll Number:** ☐☐☐☐☐☐☐ **Marks Obtained**:…………..… **Total Marks**:……………

(12) **Name of College**: ……………………………………………………………………………………….…..…....
……………………………………………………………………………………………………….…....

(13) **Postal Address**:……………………………………………………………………………………………...
………

(14) **Fee Deposited**: Amount Rs. ……………… Bank Challan /Pay Order/Bank Draft No:……….…………..Dated:……………..…
Bank Branch……………………………………………………………………………………………..……

(15) **INSTRUCTIONS: (PLEASE READ THE INSTRUCTIONS CAREFULLY)**

i) Degree fee normal **Rs. 3760/-** (30 working days), urgent **Rs. 7520/-** (7 working days).

ii) Following documents must be attached with this form:

- Attested copies of CNIC, HSSC result card, HSSC Degree, Last Detail Marks Sheet issued by the QAU and Bachelor degree (for Master's degree).
- Original bank challan/receipt or pay order of the fee.
- Two passport size photographs. (1 paste on the form and other attached with form).

iii) The degree will be handed over to the student concerned on the provision of original CNIC at the time of degree receiving.

FOR ISSUANCE OF DUPLICATE DEGREE ONLY
Cutting of Newspaper in original, FIR original, Affidavit original, copy of original degree (if available) and duplicate degree fee.

Candidate's Signature

(16) **Principal's Recommendation:**

Principal's Name ……………………… Principal's Signature: …………..…………………..

Official Stamp

(FOR OFFICE USE ONLY)

Received by	Asst. Controller of Exams (R) Stamp with signature	Dy. Controller of Exams (A) Stamp with signature	Incharge, Degree Section

Controller of Examinations

(DEGREE FORM RECEIPT)

Degree Form No: ______________ **Dated:** ______________
Roll Number: _____________________ **Registration#:** _____________________________________
Name:____________________________ **Father's Name:** ____________________________________

For any information please contact degree section (051-9064-4065), (051-9064-4034)

Signature of dealing official