

COMSATS University Islamabad Lahore Campus

Final Transcript / Degree Receiving Form [Authorized Person Only]

| | Particulars of | of the G | raduate | | |
|--|--|----------------------------------|---|----------------|-----------------------------|
| Registration Number: | | | | | |
| Name: | | | Father's Name: | | |
| CNIC.# | | | Passport. # | | |
| Postal Address: | | | | | |
| Mobile # | | Email: | | | |
| Particula | rs of the Authority L | etter H | older / Author | rized Person | |
| Name: | | | Relation with the Graduate: | | |
| CNIC.# | | | Passport. # | | |
| Postal Address: | | | | | |
| Mobile # | | Email: | | | |
| I do verify that above mer inaccuracy therein, I shall behalf of the graduate, fro | be responsible for the com examinations section, | rrect and onsequen CUI Lal | I that in case of a ces. I received fore; | Collowing docu | ument/s on the |
| Original Final Transcript having serial number | | | rit Certificate | | tificate having I number |
| | | | | [|] |
| Sign with date | Sign with date | Si | gn with date | Sign | with date |
| | For Examinat | tions Of | fice Only | • | |
| Clearance status has been | verified | Passpor | t, affidavit, Sign | atures have be | een verified |
| | | | | | |