## OFFICE OF THE CONTROLLER OF EXAMINATIONS GOVERNMENT COLLEGE UNIVERSITY, FAISALABAD



Application form	for the	Semester	Card (s) / F	inal Di	MC	
Name: (Capital Letters)	Father Name:			Roll No:		
Registration No:	Department:			Session:		
Class: (Please Tick the appropriate)	Please Tick:					
M.Phil/Ph.D/M.A/M. Sc/MBA/BS(H)	Morning/Even	ing/Afternoon		Fee Paid: Rs:	<u> </u>	
Student CNIC No:	Contact No:			Transcript Required:		
Date:		Stud	ent Signature:			
CLEARANCE (for Final Transcript Only)			Major Supe	Major Supervisor		
1 Department Concerned			for Thesis/Project/Internship  Remarks:			
ibepartment concerned			Remarks.			
2 Lab Concerned						
3 Departmental Library						
			Date:		Signature & Stamp	
4 Main Library						
				on/Coordinator/Principal		
5 Hostal			Remarks:			
6 Assistant Treasurer						
VASSISIANI Treasurer						
7 Career & Alumni office						
			Date:		Signature & Stamp	
8 Other (if any)						
Remarks:						
Date:			<u>-</u>	Dy. Controller of Examinations Signature & Stamp		
Receiving Date: Compilation	n Date:		Issue Date:			
Student Receiving Name		Signature	CNIC	CNIC Date		
>>>>>>>>>>>>	>>>>>>	·>>>>>>>	>>>>>>>>>	>>>>>	>>>>>	
Name		Registration No:		Roll No	Session	
		Registration No.		Noil No	Session	
Class: (Please tick the appropriate)		Please Tick:		Department	Transcript Required	
M. Phil/Ph.D/MA/M. Sc/MBA/BBA/BS(H)		Morning/Evening	g/Afternoon			
Instructions:						
		Registration Card				
<ol> <li>Attach following documents</li> <li>(ii) Original Fee Slip {for semesters card olny}</li> <li>(iii) Clearance Slip {only required for final</li> </ol>						
2. Transcript will be issued after 10-days after su			uired for final			
Student must have to show his/her Original CI			ceive the Transcrip	ot.		
Transcript will not be issued before the notification.						
Date:			Signature of	Branch Offi	cial	