COMSAT University Islamabad

Controller of Examinations Principal Seat, (Park Road, Chak Shahzad, Islamabad.)
Tel: (92-51)9247000-6 (Ext:184,186), Fax: (92-51) 9247006, Email: sgw@comsats.edu.pk, URL http://www.ciit.edu.pk

Graduate's Request for Issuance of Duplicate/Revised Document (Degree/Transcript/Merit Certificate)

Please mark (✓) only at your requirement.

☐ Duplicate Degree ☐ Duplicate Transcript ☐ Revised Degree ☐ Revised Transcript

☐ Merit Certificate ☐ Any Other, Please Specify_____

☐ Document Number which is being Replaced/Revised: _____

Name of Graduate (In Block Letters)

Father's Name (In Block Letters)

Registration Number (CUI)

Contact#: _____   Email Address: _____

Fee Information

Name of Beneficiary:	"CUI Principal Seat"	Name of Bank:	
Bank Address:		WIFT Code:	
Customer Account Beneficiary		IBAN:	
Fee Paid	Rs:	Demand Draft:	

Reason for applying the duplicate/revised document in detail:_____
_____

The following documents are attached herewith as prerequisite:

For Duplicate	For Revised
1- Affidavit (Sample attached backside of form) 2- Copy of Document Lost Report (FIR) 3- Complete Newspaper with advertisement 4- Demand Draft in the name of (COMSATS University Islamabad, Principal Seat) 5- Copy of lost document(s) if available.	1. Complete Newspaper (Revised Case such as Student Name, Father Name etc) 2. Demand Draft in the name of (COMSATS University Islamabad, Principal Seat) 3. Copy of Revised SSC 4. Original degree/transcript /certificate

I hereby declare that all the above particulars are correct and in case of any inaccuracy found therein, I shall be responsible for the consequences.

Signature of Graduate: _____

For Office Use Only

Enc:- Original Transcript/Degree "along with Master and student file Copies of Transcript" (In Revised Case) are enclosed herewith for further necessary action at your end, Please.

In charge, Campus Exam Department:- _____

Controller of Exams, CUI

------ ✂ --

⁙ **TOKEN** : (Student to be fill relevant blank below)

Regd.No. CIIT/_____-_____-_____/WAH Student Name _____

Apply for Revised/Duplicate :   Transcript / Degree / Certificate   on Date: _____

Signature of Exam Official: _____ Date: ____/_____/202__

For Revised:

1. I _____ S/D/O_____, Regd No CIIT/_____/_____/____ /WAH has applied for revised in Student Name/ Father Name, Date of Birth at Transcript /Degree and surrending the original transcript / degree.
2. I do admit that I do not have any photocopy of the trasncript / degree.
3. I also admit that I do not use the photocopy of the transcript / degree for any purpose of job or any other correspondence etc.
4. It is certified that all the stamp/tikets/stiker/pasted /affixed on the original documents has been removed by my sef and the intitute will not be responsible of it is lost or misused.
5.

_____
Signature of Graduate

For Duplicate (Affidavit Sample):

AFFIDAVIT

I _____ S/D/O_____, Regd No CIIT/_____/_____/____ /WAH ,

R/O _____ , do hereby solemnly affirm and delcare as under:

1. That I have lost my degree/transcript /certificate of _____ program, bearing Registration No. CIIT/_____/_____/____ /WAH , passing year _____, issued by COMSATS University Islambad, _____ Campus.

2. The in spite of my best efforts I could not trace the same.

3. That I didi not used it for any other purpose.

4. That I furthe declare, if the original transcript/degree/certificate is found, it shall not be used and will be returned to the University.

5. That my above stament is ture to the best of my knowledge and nothing is concelaed.

Signature
Address:_____
CNIC #:_____
Dated: _____