Office of the Controller of Examinations	 Fill up this form and complete the formalities. Please check all of your information carefully before submitting the form to the office of Attach the Photocopy of last Academic Certificate which was acquired from this university Testimonial (Miscellaneous) will be delivered after 2 working days. 		
Part 1 Student Information			
Student's Name:			
Father's Name:			
Mother's Name:			
Student ID:		_ Registration	No:
CGPA: Pa	ssing Year:	Puk	olication of Result:
Reason for applying Test	monial (Miscellaneou	s) :	
Email:			
Cell Number:]	
Signature of the Student			Date: Day Month Year
Part 2 For Official Use Only	1		

Concerned Officer Signature with Date & Seal

Office of the Controller of Examinations	Delivery Token			
	 Instructions Please fill up this portion. Submit this portion for receiving Testimonial (Miscellaneous). 			
Student's Name:				
Student ID:	Registration No:			
Program:	Estimated Date of Delivery:			

Concerned Officer of the office of CoE Signature with Date & Seal