## Form for Name Correction (Certificate/Transcript/Both) Requisition





Office of the Controller of Examinations

## Instructions

- Fill up this form and complete the formalities.
- Please check all of your information carefully before submitting the form to the office of the CoE.
- Attach the Photocopy of SSC Certificate and Submit Certificate/Transcript/Both in which name is incorrect.
- Name Correction (Certificate/Transcript/Both) will be delivered after 7 working days from the date of submission of the form.
- Certificate Name Correction fee Tk. 1,000 & Transcript Name Correction fee Tk. 700.

Part 1 Student Inform	nation	
Student's Name: (In	correct Name)	
(C	orrect Name)	
Student ID:	Registration No:_	
	gram/Degree:	
CGPA:	Passing Year:	
	eld () / Not Held	
Cell Number:		
Signature of the Student		Date: Day Month Year
Part 2 For Office Use	e Only	
	ce from the Office of Finance & Accounts	Comments from ARRU (Office of the Registrar)
	ee 00/- 00/-	(Office of the Registrar)  Concerned Officer
Clearance Name Correction Fe Certificate 1,00	00/- 00/- 00/- 00/-	(Office of the Registrar)  Concerned Officer
Clearance Name Correction Fe Certificate 1,00 Transcript 70 Both 1,70	00/- 00/- 00/- 00/-	Concerned Officer Signature with Date & Seal
Clearance Name Correction Fe Certificate 1,00 Transcript 70 Both 1,70  Uttara University Office of the Controller of Examinations	Concerned Officer Signature with Date & Seal  Delivery Token  Instructions Please fill up this portion.	Concerned Officer Signature with Date & Seal  tion (Certificate/Transcript/Both).
Clearance Name Correction Fe Certificate 1,00 Transcript 70 Both 1,70  Uttara University Office of the Controller of Examinations  Student's Name:	Concerned Officer Signature with Date & Seal  Delivery Token  Instructions Please fill up this portion. Submit this portion for receiving Name Correct	Concerned Officer Signature with Date & Seal  tion (Certificate/Transcript/Both).
Clearance Name Correction Fe Certificate 1,00 Transcript 70 Both 1,70  Uttara University Office of the Controller of Examinations  Student's Name: Student ID:	Concerned Officer Signature with Date & Seal  Delivery Token  Instructions Please fill up this portion. Submit this portion for receiving Name Correct	Concerned Officer Signature with Date & Seal  tion (Certificate/Transcript/Both).