

KARAKORAM INTERNATIONAL UNIVERSITY GILGIT-BALTISTAN
Internal Examination Section

For Office Use Only Dairy No. _____ Date of Delivery _____
--

APPLICATION FORM FOR ISSUANCE OF

Transcript

Urgent

Normal

The Additional Controller of Internal Examinations KIU.

1. Student's Name: _____
2. Father's Name : _____
3. Registration No: _____ Gender: Male/Female (Please tick one)
4. CNIC NO. _____ D.O.B _____
5. Department : _____
6. Programme : _____
7. Session : _____
8. Year of Passing : _____
9. Fee Deposit Slip No. _____ Dated _____ Rs _____
10. Mode of Delivery:
 - a. By Hand: Self/Authorized Person
Name: _____
ID Card No. _____
(Copy Attached)
Tel/Mobile No. _____
 - b. Through Mail: Yes /No (Transcript Only)
11. Mailing Address : _____
: _____
: _____
: _____
12. Verified by HoD _____ Admission Section _____
13. Accounts Section _____ Library _____

Signature of Applicant

(Please see reverse)

Internal Examination Section, KIU University Road
Gilgit-Baltistan, Pakistan.
Telephone: +92-05811-960011 Ext: -253,213
www.kiu.edu.pk

INSTRUCTIONS

(Please ensure following before submitting application)

1. Have you cleared all outstanding dues before submitting this application?
2. Have you deposit transcript fee and attached the deposit slip or attached a bank draft?
3. In case of urgent requirement have you attached an urgent fee in addition to normal transcript fee?
4. Have you given your address at para 10 your transcripts shall be delivered in case you take the delivery by hand within 30 days?
5. Have you get signatures at para 12?

Note:

1. Please allow a minimum of 25 days (without holidays) processing time for normal issue and 5 days (without holidays) for urgent issue of transcripts after receipt of application at internal examination.
2. The transcript shall include the results of all courses notified till date. Old and new(improved) grades will not be indicated.
3. In case you opt to receive transcripts by hand please ensure receipt within 30 days of application. KIU shall not be responsible for loss/late of transcripts.
4. NOC from the respective Head of department (given below) is required with this application.

NO OBJECTION CERTIFICATE

It is hereby certified that this department has no objection regarding issue of academic transcripts to _____

Signature of HoD : _____

Student Name: _____

Department : _____

Date: _____
(With official stamp)