SARHAD UNIVERSITY OF SCIENCE & INFORMATION TECHNOLOGY, PESHAWAR

No. SU	UIT/Exan	ns/		<u>CL</u>		NCE I n Campu			Dated:	/	/20	
1.	Student	Name: _										
2.	Father 1	Name:										
3.	Registration No								Semester:			
4.	4. Degree Program:								_ Student Signature:			
Please	Report a	bout his/h	er dues	/Books/L	ab/Cards	s/Items et	с.					
1.	Admiss	ion Offic	e:									
2.	2. Sports In-Charge:											
3.	Library:											
4.	Computer Lab:											
5.	Accoun	ts Section	n (With	full detai	ls) (Pl. T	fick the b	oxes Sem	ester wis	e in case	of dues cl	leared)	
	1	2	3	4	5	6	7	8	9	10		
	Secu	urity Rs. [Fee Rs.								
6.	Directo	r QEC (F	or MS/N	APhil/Ph	D):							
7.	Program	n Coordir	nator : _									
8.	Head of	f Departm	ent/Dir	ector:								
9.	Assistan	t Control	ler of E	xams:								
As per t	the Accou	nts report	the stud	ent has cl	eared his	/her dues/	not clear	ed (total d	ues)	and	

completed all other requirements, therefore, he/she may be issued/not issued Transcript/Degree/Security etc;

Dy. Controller of Exams Addl.Controller of Exams Controller of Exams/Dy. Controller of Finance