UNIVERSITY OF SARGODHA

EXAMINATION DEPARTMENT

(DEGREE SECTION)

Phone No. 048-9230811-15
Ext: 515, 519

APPLICATION FORM FOR DUPLICATE/ REVISED DEGREE

Examination Information	1. Degree Programme_____ 2. Roll No. _____ 3. Session _____ 4. Registration No._____ 5. Marks Obtained _____6. Division_____
Personal Information	7. Candidate Name_____ 8. Father's Name _____ 9. CNIC No. _____ 10. Address_____ 11. Permanent District _____ Contact No._____ **Affix Attested Photograph**
Fee Information	12. Amount of Fee_____ 13. Challan No. _____ 14. Dated_____ Habib Bank Branch _____ copy of the challan is attached.

I hereby declare that all the particulars mentioned above are correct and that in case of any difficulty arising out of inaccuracy therein. I shall be responsible for the consequences. I have attached all required documents.

Signature of Candidate

Signature and Office Stamp

Attesting Officer

Name _____ C.N.I.C.# | | | | | | - | | | | | | | | - | |

IMPORTANT INSTRUCTION:-

- Regular students must get this form attested from The Principal/ The Head of the Department.
- Private students must get this form attested from The Gazetted Officer.
- **Requirements:-**

i.	This Urgent Degree Form	(Attested)
ii.	Photograph	(Attested)
iii.	Fee Rs. 3300/-	(with in 3-Years from declaration of result) (Original Bank Challan)
	Fee Rs. 5500/-	(after 3-Years of declaration of result) (Original Bank Challan)
iv.	Photocopy of Result Card	(Attested)
v.	Photocopy of I.D. Card	(Attested)
vi.	Affidavit Rs. 20/-	(for duplicate degree)
vii.	Copy of F.I.R.	(in case of misplacement of original degree)
viii.	Newspaper Cutting.	(in case of misplacement of original degree)

FOR OFFICE USE ONLY

It is submitted that _____ S/D/O_____ have submitted complete application for issuance of **Duplicate/ Revised Degree.**
It is therefore, requested that Duplicate/Revised degree may kindly be allowed to issue the above candidate.

Assistant/Deputy Controller **Add. Controller** **Controller of Examinations**

Worthy Vice Chancellor