



# DHA SUFFA UNIVERSITY

Off Khayaban-e-Tufail, Phase-VII (Extension) DHA, Karachi-75500

## APPLICATION FOR THE ISSUANCE OF DEGREE

### To be filled in by the Applicant

Reg. #: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Program: \_\_\_\_\_ Semester & Year of passing the last (final) examination: \_\_\_\_\_  
Telephone No. (Res): \_\_\_\_\_ Mob: \_\_\_\_\_ e-mail: \_\_\_\_\_  
Student's Signature: \_\_\_\_\_

### Instructions for Student :

- Before applying for the Issuance of Degree, please ensure that no liability of any Department, including Fee, Loan, Quarz-e-Hasna (Ihsan Trust) is outstanding against you.
- Degree Issuance Fee may be deposited through Pay Order (in the name of DHA Suffa University) or as specified by the Accounts Office as under:

#### Degree Fee:

- a. Rs. 16,000/- (if applied within one year of the issuance of Gazette Notification).
- b. Rs.12,000/- (if applied after one year of the issuance of Gazette Notification).

#### Enclose the following documents with this form

- Copy of Final Transcript (S.No. \_\_\_\_\_).
- Original paid challan of Degree Fee.

### **FOR OFFICE USE ONLY**

#### Accounts Department

1. Received a sum of Rs. \_\_\_\_\_ (Rupees \_\_\_\_\_) for the issuance of Degree.
2. All dues in respect of the above mentioned student are cleared and nothing is outstanding against him/her.

Date: \_\_\_\_\_ Office Stamp: \_\_\_\_\_ Manager Finance Signature: \_\_\_\_\_

#### Office of Alumni Relations:

It is certified that:

- (i) Alumni survey has been submitted.
- (ii) Other information regarding his employment / employer has been gathered.

Date: \_\_\_\_\_ Office Stamp: \_\_\_\_\_ Signature: \_\_\_\_\_

#### Registration Department Clearance

1. It is certified that the student has fulfilled all the requirements for issuance of Degree. The Student's name and Father's name in the database have been verified and found correct.
2. Ihsan Trust NOC is attached (where necessary).
3. Recommended and forwarded to the Examinations Department for printing of Degree.

Date: \_\_\_\_\_ Office Stamp: \_\_\_\_\_ Registrar's Signature: \_\_\_\_\_

#### Examinations Department

Application received from the Registrar Office by (Name): \_\_\_\_\_ on (date): \_\_\_\_\_ Sign: \_\_\_\_\_

Degree prepared by \_\_\_\_\_ Checked by \_\_\_\_\_ Countersigned by \_\_\_\_\_  
Asst. Controller of Examinations Asst. Controller of Examinations Controller of Examinations

#### Registration Department

Received from the Examinations Department ( Printed Degree ) on (date) \_\_\_\_\_ Received by: \_\_\_\_\_

Receipt for Student / Graduate – Application for the Issuance of Degree

Reg. #: \_\_\_\_\_ Name of Student: \_\_\_\_\_ Class & Section \_\_\_\_\_

Expected Delivery Date: \_\_\_\_\_ Sig. of receiving person: \_\_\_\_\_ Name: \_\_\_\_\_ Office Stamp: \_\_\_\_\_