



Application No: _____

For office use only

Diary No. _____

Date of delivery: _____

University Of Baltistan, Skardu

Internal Examination Section

Application Form for Issuance of **Transcripts**

Please tick on Urgent Normal

The Deputy Controller of Internal Examinations,
UOBS.

1. Student's Name: _____

2. Father's Name: _____

3. Registration No: _____ 4. Session: _____

5. Department: _____ 6. Program: _____

7. Year of Passing: _____

8. Completed degree in time? Yes No If no, specify extra semester

9. Fee Deposit Slip No: _____ Dated: _____ for Rs. _____

10. Mode of Delivery:

By Hand: Self/Authorized Person

Name: _____

ID card No: _____

Tel/Mobile No: _____

11. Mailing Address: _____

12. Verified by HOD (Pl check S.No.8) _____ Admission Section _____

Accounts Section _____

Library _____

Signature of Applicant

(Please see reverse)

Internal Examination Section, UOBS Hussainabad Skardu Baltistan

Telephone: 05815-960069, 05815-960072, Extan, 116, www.uobs.edu.pk

INSTRUCTIONS

(Please ensure following before submitting your application)

- Attach the copy of CNIC,
- One passport size picture and SSC mark sheet.
- In case of urgent requirement pay prescribe additional fee in addition to normal transcript fee.
- Give your address at Para 11 where your transcript shall be delivered in case you take the delivery by hand within 30 days.
- Make sure that Para 12 has been signed and the official stamp has been inserted.

Note

- A minimum of 15 working days (without holidays) will take as processing time for normal issue and 5 days (without holidays) for urgent issuance of transcripts after submission of the application.
- If you opt to receive transcripts by hand, please insure to receive it within 30 days of application. UOBS shall not be responsible for loss after 30 days.
- NOC from the respective Head of Department (given bellow) is required with this application.

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NO OBJECTION CERTIFICATE

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

Signature: _____

Name: _____

Designation: _____

Department: _____

Date: _____

(With official stamp)