

APPLICATION FORM FOR (DMC) OFFICIAL TRANSCRIPT

PIR MEHR ALI SHAH
ARID AGRICULTURE UNIVERSITY RAWALPINDI
Office of the Controller of Examinations

- ⇒ (If you have completed your degree / Diploma, attach copy of **C.N.I.C**, **Two** Copies of Matric Certificate (سند) and University Character Certificate. If incomplete your degree / Diploma, attach only copy of Matric Certificate (سند) and if you want to abandon (with out completion the programme) studies at this university or you could not pass your degree / programme, you shall attach the university clearance.
- ⇒ Attach Original Bank Receipt.

Student's Name: _____ Registration No.: _____ arid _____

CNIC #

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Father's Name: _____ Faculty/Institute/Affiliated: _____

Name of Degree or Diploma: _____ Major Subject: _____ Morning/Evening/After-noon

Semester(s) with Summer (s) for which DMC is required: _____ i.e. For Total _____ Semesters

(e.g. only 1st or only 4th / 1 to 4 / 3 , 5-7 / 1-7 or 1-8 etc.)

Status of the Student: Presently studying in _____ Semester.
Completed the Degree / Diploma in the Year _____
Start of degree year _____ end of degree year _____

(Tick ✓ your option) : ☐ **Ordinary (Fee: Rs.480** per semester); within 7 working days.
: ☐ **Urgent (Fee: Rs.770** per semester); within 24 working hours.

I solemnly declare that the facts mentioned above are correct to the best of my knowledge.

Student's Signature
Date: / /20____

FOR TREASURER'S OFFICE ONLY

Verified that fee deposited Rs. _____ vide Bank Receipt #. _____ Dated / /20____

Fee Clerk Signature & Stamp _____

FOR CONTROLLER'S OFFICE ONLY

The student demanded DMC for _____ semester(s) and paid the Fee for _____ semester(s).
Record has been scrutinized for any discrepancy. There is no deficiency on his /her part, the
certificate has been prepared / checked for further action.

Section Clerk
Dated: / /20____

Superintendent
Dated: / /20____

The DMC has been re-checked, as per file, and found correct. **i.)** Degree is incomplete so, DMC
is issued. **ii.)** Degree is complete so forwarded for signatures.

Deputy / Assistant Registrar (Exams)

D M C Receipt: (Student to Fill relevant Blanks below)

- **Ordinary Fee:** within 7 working days
- **Urgent Fee:** within 24 working hours

Student's Name: _____ Registration No. _____ -arid- _____

Degree Name/Year: _____ Faculty/Institute/Affiliated: _____

Semester(s) with Summer (s) for which DMC is required: _____ i.e. For Total _____ Semesters

Rs. _____ Bank receipt No. _____ Dated _____

Signature / Stamp of Receiving Clerk
Office of the Controller of Examinations

Important

1. **DMC will be issued subject to the provisional /submission of original receipt.**
2. **Kindly collect the DMC within two (2) months, otherwise this office will take no responsibility of the document.**