

APPLICATION FORM FOR PROVISIONAL CERTIFICATE

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

|                         |                                    |
|-------------------------|------------------------------------|
| Provisional Certificate | Rs. 550/- Within 7 working days.   |
| Provisional Certificate | Rs. 1200/- Within 24 working hours |

- ➡ Attach copy of C.N.I.C, Matric Certificate (سند) and University Character Certificate
- ➡ Attach Original Bank Receipt

Student’s Name : \_\_\_\_\_ Registration No.: \_\_\_\_\_ arid \_\_\_\_\_

CNIC # 

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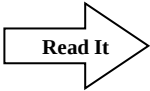
Father’s Name:\_\_\_\_\_ Faculty/Institute/Division: \_\_\_\_\_

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

Degree or Diploma Completed in the: Year 20\_\_\_\_\_

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

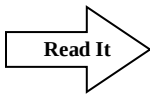
\_\_\_\_\_  
Student’s Signature  
Date:     /     /20\_\_\_\_\_



*Now, the student shall go to Fee Clerk of the Treasurer’s “Student Window” to obtain fee challan.*

FOR TREASURER’S OFFICE ONLY

It is verified that the student has deposited the required fee **Rs.** \_\_\_\_\_ vide Bank Receipt # \_\_\_\_\_  
Dated     /     /20\_\_\_\_\_



*Finally, fill your Token / Receipt at the bottom of this page. Then deposit this Application Form at the Student-Window of the Controller’s Office and get your Token/Receipt. Bring this Token / Receipt for receiving the Provisional Certificate within one week.*

\_\_\_\_\_  
**Fee Clerk**  
Dated:     /     /20\_\_\_\_\_

FOR CONTROLLER’S OFFICE ONLY

This Application Form is received by: \_\_\_\_\_ Office Stamp: \_\_\_\_\_

The certificate has been prepared / checked and put up for further action.

\_\_\_\_\_  
**Section Clerk**  
Dated:     /     /20\_\_\_\_\_

\_\_\_\_\_  
**Superintendent**  
Dated:     /     /20\_\_\_\_\_

Deputy / Assistant Registrar (Exams)

Controller of Examinations



**Provisional Certificate   Receipt: (Students 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/Division: \_\_\_\_\_

Rs. \_\_\_\_\_Bank receipt No. \_\_\_\_\_ Dated \_\_\_\_\_

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