

Application Form for Additional Transcript, Duplicate Certificate

Application form is available at the department/also in the website. Please submit this form to the Departmental Admin. Officer (DAO)

| Application for additional/duplicate (please $\sqrt{\text{mark}}$) | Transcript D Provisional Certificate D Original Certificate |
|--|---|
| Student Name (as per last degree certificate) | |
| Registration No.: | |
| Department : | |
| Programme: | |
| Major Area of Student (only for MBA & EMBA): | |
| Completing Semester: | |
| Emergency Contact Number : | |
| Date of Birth : | |

Attachment: 1. For Additional Transcript: Original Money receipt (fee for per set Tk.1000.00)

2. For Duplicate Provisional Certificate: i) Original Money receipt (fee Tk.1000.00) ii) Original copy of GD iii) Original Newspaper clipping of advertisement for lost certificate (N.B.: Advertisement should be published in a National Daily Newspaper).

3. For Duplicate Original Certificate: Original Money receipt (fee Tk.2000.00) ii) Original copy of GD iii) Original Newspaper clipping of advertisement for lost certificate (N.B.: Advertisement should be published in a National Daily Newspaper).

4. Copy of the Certificate, Transcript (all pages) and National ID card (NID) of the student.

Signature of the Student

Date:

| | | FOR OFFICE USE | | |
|---|---------------------------------|--|---|--|
| Submission D | Date Tentative Date of Delivery | | Received by | |
| | | | | |
| | | | DAO/DAAO | |
| 1 Recommendation of Depar | tment. | 2 ReceivedT | 'k. for additional/duplicate document(s) fees. | |
| DAO/DAAO | Head of the D | epartment AO (Finance & Accounts) | Director, Finance & Accounts | |
| 3 His/ Her CGPA: | | | Controller of Examinations | |
| × | | | | |
| Student Name : | | | | |
| Registration No: | | 11 10 2 A 2 00 2 | Student Copy | |
| Department: | | THIN OF ASIA | | |
| ADDITIONA | , | DUPLICATE PROVISIONAL & DUPLI fice: 74/A, Green Road, Dhaka- 1205, Phone: 5 | | |
| Submission Date | Tentative | Date & time of Delivery from Exam. office | Received By | |
| | | | | |
| Date & time 3 | | & time 3:00 pm to 5:00 pm | DAO/DAAO | |
| NB.: # Authorization letter is necessar | ry if the student would li | ke to receive the Additional Transcript / Duplicate Pr | vovisional Certificate/ Duplicate Original Certificate by his/her | |
| • | | r as per sample (sample is available in the website of l | | |
| # Delivery time: 3:00 am to 5:00 | pm (Sunday to Thursday | y), Contact number: 58157091-4, Ext. 145, e-mail: <u>exa</u> | mctrl@uap-bd.edu | |