



INCOMPLETE: ☐ COMPLETE: ☐ REVISED: ☐

NORMAL: ☐ **URGENT:** ☐ **DUPLICATE:** ☐

**To: The Controller of Examinations
HITEC University Taxila.**

1. Name of Degree: _____ 2. Department: _____
(Title)

3. Registration No. _____ 4. Name: _____
(As per Secondary & Higher Secondary School Certificate)

5. CNIC.NO:					-							-	
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6. Father's Name: _____
(As per Secondary & Higher Secondary School Certificate)

7. Current Mailing Address: _____

8. Permanent Address: _____

9. E-mail: _____ 10. Phone: _____ 11. Cell#: _____

(Signature)

FOR OFFICE USE ONLY

Date and Time of Receipt of Request:_____ at _____ AM/PM Tentative Date of Delivery:_____

Date:_____

(Signature)

Transcript Collection Receipt

1. Name _____ Reg # _____ Degree _____

2. Transcript Collection Date: ____/____/202__ (Collection Time is 02:00 PM to 03:00 PM onwards any day even after due date). (07 working days for normal and 03 working days for urgent transcript)

3. Complete transcript fee is Rs 2000/- in case of normal and Rs 4000/- in case of urgent/-.

4. Incomplete transcript fee is Rs **1000/-** per semester in case of normal and Rs **2000/-** per semester in case of urgent.

5. The student will have to collect the transcript and provisional certificate (for engineering disciplines only) **personally**.

6. Student applying for Final Transcript will **not be allowed** to enroll for improvement/repetition or replacement of any course.

7. Please

a) Bring your **CNIC** and **receipt** on the day of collection.

Staff Sign

b) Call one day prior to collection date for confirmation. **051-4908146-49, Ext Exam(365), DCE(383) & COE (304)**
controller.exams@hitecuni.edu.pk & deputy.controller@hitecuni.edu.pk