

NATIONAL UNIVERSITY OF MEDICAL SCIENCES RAWALPINDI

APPLICATION FORM RETOTALING / DUPLICATE DMS / TRANSCRIPT

FOR STUDENTS USE ONLY

✓ Tick Whatever is applicable

RETOTALING

DUPLICATE DMS

TRANSCRIPT

Registration No. _____ Exam Roll No _____

CNIC _____ Name _____

Exam: _____ Prof / Semester/ Step / Part: _____

Subject (s) _____

Demand Draft No: _____ Rs. _____ dated: _____

NUMS Account No. 0012367980549003 (HBL)

Dated _____

Student Signature

Note: 1. Retotaling fee is Rs.1000 Per Paper.

2. Transcript/Duplicate DMS Fee is Rs.1000 Per Transcript/DMS.

3. Demand Draft is to be attached with the application form.

4. For transcript: 2 x latest passport size color photograph with white background to be attached with this form.

FOR INSTITUTE USE ONLY

Strike out Whatever is Inapplicable

1. Retotaling / Issue of Transcript /Duplicate DMS is recommended / Not Recommended.

2. It is certified that the graduate requesting for the Transcript has cleared all the college dues and obtained a clearance from us.

3. Demand Draft No: _____ Rs. _____ dated: _____ is enclosed.

Date _____

Head of Institute

FOR OFFICE USE ONLY

1. Retotalled and found that _____

2. Duplicate DMS No _____ Dated _____ issued.

3. Transcript No _____ Dated _____ issued.

Date _____

Assistant Controller of Examinations