

**NATIONAL UNIVERSITY OF MEDICAL SCIENCES  
RAWALPINDI**

APPLICATION

FOR RETOTALING  ISSUE OF TRANSCRIPT  DEGREE

(Strike Whatever is inapplicable)

NUMS Registration No. \_\_\_\_\_ Exam Roll No \_\_\_\_\_

Name \_\_\_\_\_ Father Name \_\_\_\_\_

Appeared in Prof \_\_\_\_\_ Exam Year \_\_\_\_\_ Month \_\_\_\_\_

Respected Sir

It is requested

1. My \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ Paper(s) may please be retotalled.
2. A Transcript may please be issued.
3. My MBBS degree may please be issued. The degree would be received in convocation/ collected by me in person /my authorized representative being my father/ mother/ guardian/ brother/ sister whose name is

Mrs/Miss/Mr. \_\_\_\_\_

National Identity Card No. \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Student Signature

1. Retotaling / Issue of Transcript/ Degree is recommended / Not Recommended.
2. It is certified that the graduate requesting for the degree has cleared all the college dues and obtained a clearance from us.
3. Payment of Rs \_\_\_\_\_ is enclosed vide demand draft.

No \_\_\_\_\_ dated \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Principal

**FOR OFFICE USE ONLY**

1. Reotalled and found that \_\_\_\_\_
2. Transcript No \_\_\_\_\_ Dated \_\_\_\_\_ issued.
3. Gazette Notification No \_\_\_\_\_ Dated \_\_\_\_\_ issued.
4. MBBS/BDS Degree No \_\_\_\_\_ Dated \_\_\_\_\_ issued.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Deputy Controller of Examinations

**NOTE: Retotaling Fee Rs. 1000/-  
Final Transcript Fee Rs. 1000/-**