

**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. Retotalled 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