

# 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 Blue background, attested Copy of Matric Certificate and CNIC 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. Retotaled and found that \_\_\_\_\_

2. Duplicate DMS No \_\_\_\_\_ Dated \_\_\_\_\_ issued.

3. Transcript No \_\_\_\_\_ Dated \_\_\_\_\_ issued.

Date \_\_\_\_\_

\_\_\_\_\_  
Assistant Controller of Examinations