



**UNIVERSITY OF SARGODHA**  
**OFFICE OF THE CONTROLLER OF EXAMINATIONS**

**APPLICATION FORM FOR DUPLICATE RESULT CARD / TRANSCRIPT**

<b>Examination Information:</b>		
1. Degree Programme _____	2. Roll No. _____	
3. Session _____	4. Registration No. _____	5. Marks / CGPA _____
6. College/Department/Sub Campus/ Private _____		
<b>Personal Information:</b>		
7. Candidate Name _____		
8. Father's Name _____		
9. CNIC No. _____		
10. Postal Address _____		
_____		
11. Contact No. _____ Email Address. _____		
<b>Fee Information:</b>		
12. Amount of Fee _____	13. Challan No. _____	14. Dated _____
Habib Bank / Bank Alfah Bank Branch Name _____ copy of the challan is attached.		

*I hereby declare that all the particulars mentioned above are correct and that in case of any difficulty arising out of inaccuracy there in. I shall be responsible for the consequences. I have attached all required documents.*

**Signature of Candidate**

**Signature and Office Stamp**  
**Attesting Officer**  
Name \_\_\_\_\_

**IMPORTANT INSTRUCTION:-**

**Requirements:-**

- Regular students must get this form attested from the Principal / The Head of the Department.
- Private students must get this form attested from The Gazetted Officer.
- Fee Rs. 2500/- (Original Bank Challan)
- Photocopy of Result Card (Photocopy or Downloaded-download from university website: [su.edu.pk](http://su.edu.pk))
- Photocopy of I.D. Card (Attested)

**FOR OFFICE USE ONLY**

**Dealing Person**

**Assistant**

**Assistant Controller of Examinations**

**Deputy Controller of Examinations**

**Controller of Examinations**