



ATTA UR RAHMAN SCHOOL OF APPLIED BIOSCIENCES (ASAB)

NATIONAL UNIVERSITY OF SCIENCES & TECHNOLOGY (NUST)

APPLICATION FOR WITHDRAWAL OF ORIGINAL DOCUMENTS

Student's Name _____ Regn No _____

Program & Batch _____ Contact & Email ID _____

Specification of Required Documents: -

SSC: _____

HSSC: _____

BS: _____

MS: _____

Reasons for Withdrawal of Documents: _____

For Permanent Withdrawal, Copies of Student's "Clearance Form" & "Balance Details" must be attached:

For Temporary Issue, Give Date of Return of Above Documents: _____

Date: _____ (Student's Signature)

Exact Details of Any Outstanding Dues (Fee, Fine, Charges or Loan etc). Please consult with Fee Section, NUST before signing.

Date: _____ (Accts Officer, ASAB)

Remarks by Student Coordinator

Remarks by PG Supervisor /UG Advisor

Date:

Date:

Remarks by HoD

Approved / Not Approved

Date:

Date:

(Deputy Controller Exams, ASAB)

Certified that I have received my above mentioned original documents, and I will return these Docs on _____.

I will return the same before expiry of return date. I understand that in case I don't return the documents on due date, I will NOT be allowed to sit in the ESE.

Date: _____ (Student's Signature)

Documents received back on due date & placed in the locker. Yes / No

Date: _____

(Student Coordinator)