



ATTA UR RAHMAN SCHOOL OF APPLIED BIOSCIENCES (ASAB)

NATIONAL UNIVERSITY OF SCIENCES & TECHNOLOGY (NUST)

STUDENT'S REQUEST TO ISSUE ORIGINAL DOCUMENTS TO AN AUTHORIZED PERSON

1. Student Name: _____ 2. Program & Batch: _____
3. Regn No: _____ 4. CMS ID: _____
5. Date of Last Semester Completion: _____ 6. Convocation Date: _____
7. Name of Supervisor/Advisor: _____
8. Student Land Line Contact No: _____ 10. Cell # _____
9. **I hereby authorize the following person to collect my original documents on my behalf:-**
 - (a) Name: _____
 - (b) CNIC: _____ (scanned copy to be attached)
 - (c) Contact No: _____ (d) Relationship: _____
10. Reason for collection of Original Degree through other person: _____

Date: _____

Student's Signature

Note: Please fill, sign and submit original form to Student Coord Office ASAB.

		Approved / Not Approved
(Head of Department)	(Student/Prog Coord)	(Principal Signature)

I have received all documents of _____ on _____.
From ASAB, NUST.

Handed over by: _____
Date:- ()

Received by: _____
Date: ()