

## **Urgent Degree Issuance Form**

I.D. No.:	Date	e:
Full Name:		
Program:	School:	
Email:	Contact:	
Address (Home):		
Challan No:	Fee deposited (Rs.)	Date:
<u>ATTACHMENTS</u>		
<ul><li>Original Slip of Fee</li><li>Photocopy of Final 3</li></ul>		
	Signature:	
ote: Please get clearance from the fo		<del>-</del>
Office of the Registrar (ORG	1 <sup>st</sup> Floor Admin Building	ILM Fund 1st Floor – Centre Block
tecommended:	Qarz-e-Hasna status:	Issued
Remarks	Remarks:	Remarks
Signature:	Signature:	Signature:
Date:	Date:	Date:
Stamp:	Stamp:	Stamp:
ote: Please Submit this Form to the Office of Co	ntroller of Examinations (OCE). Seven (7) Working days are n	required to issue the Urgent Degree
	University of Management and Technology Acknowledgement Receipt Urgent Degree Issuance Form	
Semester: Spring □/Summer □	I/Fall □	
Participant Name:	I.D. No.	
Recipient Signature:	Date:	