



RESULT CARD ISSUANCE PROFORMA

Name: _____ Father's Name: _____

Registration No: _____ Program: _____

Session: _____ Semester: _____

Result Card(s) required for semester(s):

Semester I	<input type="checkbox"/>	Semester II	<input type="checkbox"/>
Semester III	<input type="checkbox"/>	Semester IV	<input type="checkbox"/>
Semester V	<input type="checkbox"/>	Semester VI	<input type="checkbox"/>
Semester VII	<input type="checkbox"/>	Semester VIII	<input type="checkbox"/>
Semester IX	<input type="checkbox"/>	Semester X	<input type="checkbox"/>

Student's Signature with Date

HoD's Signature with Date

Clearance by Account Office:

Fee Clearance:	Result Card Fee Status:
	Total Paid Amount: _____ Receipt No: _____
	Dated: _____ Sign & Stamp: _____

Note: Result card will be issued within 05 working days after submission of this proforma.

Approved by

EXAM BRANCH USE ONLY

Generated By: _____ Dated: _____

Issued By: _____ Dated: _____

Received By: _____ Dated: _____