

PROVISIONAL CERTIFICATE ISSUANCE FORM

ABBOTTABAD UNIVERSITY OF SCIENCE AND TECHNOLOGY

	T NOI	RMAL	DUPLICATE	
Personal Information				
Name:				
Father's Name:				
Address:				
	Contact No.:			
Academic Information				
Roll No.:	Registration N	0.:		
Examination:	Passed:	AS WHOLE	IN PARTS	
If Late College Student(State the College)	:			
If Private Student(State the District):				
Dues Detail				
Amount Deposited:	Receipt/	Receipt/ Bank Draft No.:		
Bank: Branch:		Dated:		
			A 1' 12 G' 1	
INSTRUCTIONS:			Applicant's Signature	
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