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**Application for Extract of Result Sheet**

Name: (in capital Letter)

Father’s Name:

Registration No.

Date of Birth: Cell No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departmen\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Session \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Result Sheet of:

Semester (Please tick) 1 2 3 4 5 6 7 8 Complete (Overall)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant’s Signature**

Official Use Only

Official / Un-official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Controller Examinations**

Remarks by the Rector (if any) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by:

 **Rector**

I have carefully read and checked all the particulars including my name, father’s name, spelling of these names, course titles, marks, grade, GPA, CGPA and all other details.

I certify above particulars to be correct and up-to my total satisfaction. I undertake not to ask for any alteration afterwards.

Date of Receiving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recipient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Undertaking Regarding Studies:**

|  |
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| **Course(s) Repeated after Fail (Please provide the detail below)** |
| **Sr. #** | **Name of Course(s)** | **Repeated with** |
| **Session (Spring/Fall)** | **Program** | **Semester** |
| 1 |   | Apr-Sep 20\_\_\_\_\_ / Oct-Mar 20\_\_\_\_\_ |   |   |
| 2 |   | Apr-Sep 20\_\_\_\_\_ / Oct-Mar 20\_\_\_\_\_ |   |   |
| 3 |   | Apr-Sep 20\_\_\_\_\_ / Oct-Mar 20\_\_\_\_\_ |   |   |
| 4 |   | Apr-Sep 20\_\_\_\_\_ / Oct-Mar 20\_\_\_\_\_ |   |   |
| 5 |   | Apr-Sep 20\_\_\_\_\_ / Oct-Mar 20\_\_\_\_\_ |   |   |
| 6 |   | Apr-Sep 20\_\_\_\_\_ / Oct-Mar 20\_\_\_\_\_ |   |   |
| 7 |   | Apr-Sep 20\_\_\_\_\_ / Oct-Mar 20\_\_\_\_\_ |   |   |
| **Course(s) Improved for GPA Improvement (Please provide the detail below)** |
| **Sr. #** | **Name of Course(s)** | **Improved with** |
| **Session (Spring/Fall)** | **Program** | **Semester** |
| 1 |   | Apr-Sep 20\_\_\_\_\_ / Oct-Mar 20\_\_\_\_\_ |   |   |
| 2 |   | Apr-Sep 20\_\_\_\_\_ / Oct-Mar 20\_\_\_\_\_ |   |   |
| 3 |   | Apr-Sep 20\_\_\_\_\_ / Oct-Mar 20\_\_\_\_\_ |   |   |
| 4 |   | Apr-Sep 20\_\_\_\_\_ / Oct-Mar 20\_\_\_\_\_ |   |   |
| 5 |   | Apr-Sep 20\_\_\_\_\_ / Oct-Mar 20\_\_\_\_\_ |   |   |
| **Rechecking of Course(s) (Please provide the detail below)** |
| **Sr. #** | **Name of Course(s)** | **Rechecking applied in**  |
| **Semester** | **Session (Spring / Fall)** |
| 1 |   |   | Apr-Sep 20\_\_\_\_ /Oct-Mar 20\_\_\_\_ |
| 2 |   |   | Apr-Sep 20\_\_\_\_ /Oct-Mar 20\_\_\_\_ |
| 3 |   |   | Apr-Sep 20\_\_\_\_ /Oct-Mar 20\_\_\_\_ |
| 4 |   |   | Apr-Sep 20\_\_\_\_ /Oct-Mar 20\_\_\_\_ |
| 5 |   |   | Apr-Sep 20\_\_\_\_ /Oct-Mar 20\_\_\_\_ |
| **Makeup Terminal Examination (Please provide the detail below)** |
| **Sr. #** | **Name of Course(s)** | **Appeared in Makeup Term. Exam. in** |
| **Semester** | **Session (Spring / Fall)** |
| 1 |   |   | Apr-Sep 20\_\_\_\_ /Oct-Mar 20\_\_\_\_ |
| 2 |   |   | Apr-Sep 20\_\_\_\_ /Oct-Mar 20\_\_\_\_ |
| 3 |   |   | Apr-Sep 20\_\_\_\_ /Oct-Mar 20\_\_\_\_ |
| **Semester(s) Repeated due to Drop (Please provide the detail below)** |
| **S #** | **Semester Number** | **Repeat in Session(Spring / Fall)** |
| 1 |   | April-September 20\_\_\_\_\_\_ OR October-March 20\_\_\_\_\_\_ |
| 2 |   | April-September 20\_\_\_\_\_\_ OR October-March 20\_\_\_\_\_\_ |
| 3 |   | April-September 20\_\_\_\_\_\_ OR October-March 20\_\_\_\_\_\_ |
| **Semester(s) Freezed (Please provide the detail below)** |
| **S #** | **Semester Number** | **Rejoined in Session(Spring / Fall)** |
| 1 |   | April-September 20\_\_\_\_\_\_ OR October-March 20\_\_\_\_\_\_ |
| 2 |   | April-September 20\_\_\_\_\_\_ OR October-March 20\_\_\_\_\_\_ |
|  |  |  |  |  |
| **Viva Voce Repeated after Fail:** | No. of Times Repeat:  |  |  |
|  |  |  |  |  |
| **Viva Voce Improved for GPA Improvement** | No. of Times Improved: |  |  |

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| CLEARANCE PRO-FORMA |
| FOR EXTRACT OF RESULT SHEET |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reg. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Semester: -\_\_\_\_\_\_\_\_\_\_ |
| Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session - Fall / Spring: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  |  |  |  |  |
| **Sr. #** | **Department** | **Action Taken** | **Remarks** | **Signature** |
| 1 | Accounts Officer / Asstt. Director Accounts |   |   |   |
| 2 | Director Finance |   |   |   |
| 3 | Assistant Registrar |   |   |   |
| 4 | In-charge Library |   |   |   |
| 5 | Cafeteria / Canteen |   |   |   |
| 6 | Controller of Examinations |   |   |   |
|  |  |  |  |  |
| **Note:** |  |  |  |
| **1. Extract of Result Sheet has been issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the signatures of the recipient are fixed on the relevant register at Page # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.** |
|  |  |
| **2. This clearance form of Result Sheet is for personal information of the student only for a specific period and not valid for any other semester.**  |
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|  |  |  |  |  |
| **PROGRAM STATUS = INCOMPLETE** |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | **Deputy Controller of Examinations** |
|  |  |  | Dated: \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ |

