# GRADUATION VERIFICATION FORM

*(To be completed by the Awarding Institution only — not by the student)*

Reference No.: _____ Date of Issue: _____

## A STUDENT PARTICULARS

Full Name of Student: _____

Father's / Guardian's Name: _____

CNIC / Passport No.: _____ Registration / Roll No.: _____

Date of Birth (dd/mm/yyyy): _____ Session / Batch: _____

**This is to certify that the above-named student has successfully completed all of the requirements for the following award and is eligible to graduate.**

## B DETAILS OF AWARD

Full Name of Award: _____

Faculty / Department: _____

Date Requirements Completed: _____ CGPA / Division: _____

Date degree / diploma certificate is scheduled to be issued (dd/mm/yyyy): _____

Awarding Institution: University of Health Sciences & Post Graduate, Islamabad

## C COMPLETION OF REQUIREMENTS

| | YES | NO |
|---|---|---|
| 1. All academic coursework (credit hours) completed | ☐ | ☐ |
| 2. Clinical internship / clinical placements completed | ☐ | ☐ |
| 3. Student is in good academic and disciplinary standing | ☐ | ☐ |
| 4. All fees and dues cleared (Bank Challan No. _____ ) | ☐ | ☐ |

## D CERTIFYING OFFICIAL

Name of Official Completing the Form: _____

Title / Position: _____

Date (dd/mm/yyyy): _____

Signature: _____

*Authorised signatories: Registrar, Controller of Examinations, Program Director or Dean.*

OFFICIAL SEAL / STAMP

## INSTRUCTIONS TO THE INSTITUTION

**Important: Do not complete this form if the degree certificate has already been issued.**

- **When should this form be completed?**
  Only after the student has fulfilled every requirement of the programme, i.e. all academic coursework, the clinical internship, good academic standing, and full clearance of fees and dues.
- **Who may complete the form?**
  The Registrar, Controller of Examinations, Program Director or Dean of the awarding institution. **The student (applicant) must not complete any part of this form.**
- **Who signs the form?**
  The official who completes the form must sign it, date it and affix the official seal of the University.
- **What does "all requirements" mean?**
  All coursework (credit hours), clinical requirements (internship / clinical placements), and all fees and dues.
- **What is the "Full Name of Award"?**
  The exact title as it will appear on the degree, e.g. "Doctor of Physical Therapy (DPT)", "Bachelor of Science in Nursing", "Master of Science in Physiotherapy".
- **What is the "Awarding Institution"?**
  The name of the institution that will issue the official degree certificate.
- **Is it necessary to use this form?**
  Alternatively, the same information may be provided as a letter on the University's official letterhead, signed and sealed by an authorised official.
- **Submitting the form**
  The completed form must be dispatched by the University directly to the requesting body in a sealed envelope bearing the official stamp. The University must be shown as the sender on all packages, including courier. Forms delivered by hand by the student will not be accepted.

## INSTRUCTIONS TO THE APPLICANT

1. Students who have completed all programme requirements but are awaiting convocation may request this form in order to begin credentialling, registration or employment processes before the degree is issued.
2. Submit a written request to the Office of the Controller of Examinations together with a copy of your CNIC / passport, your latest transcript, and the **University Copy of the paid fee challan** (page 3) bearing the bank stamp.
3. The University will complete this form and send it directly to the organisation you specify. Alternatively, the same information may be issued on the University's official letterhead.
4. Please note that some organisations may begin processing on the basis of this form but will not release results until an acceptable copy of the final degree certificate has been received.

## BANK COPY

UNIVERSITY OF HEALTH SCIENCES
& POST GRADUATE
ISLAMABAD

### FEE DEPOSIT SLIP – GRADUATION VERIFICATION

Bank: _____

Branch / Code: _____

Account Title: _____

Account No.: _____

Challan No.: _____ Date: _____

Due Date: _____ Session: _____

Student Name: _____

Father's Name: _____

Reg. / Roll No.: _____ CNIC: _____

Programme / Degree: _____

| S# | PARTICULARS | AMOUNT (PKR) |
|---|---|---|
| 1 | Graduation Verification Fee | |
| 2 | Degree Processing Fee | |
| 3 | Transcript Fee | |
| 4 | Courier / Postage Charges | |
| 5 | Other (specify): _____ | |
| | **TOTAL** | |

Amount in words: _____

_____

Depositor's Signature Cashier / Officer

BANK STAMP & DATE

*Valid only with bank stamp and signature. Please retain the Student Copy for your record and attach the University Copy to your verification request.*

CUT HERE

## UNIVERSITY COPY

UNIVERSITY OF HEALTH SCIENCES
& POST GRADUATE
ISLAMABAD

### FEE DEPOSIT SLIP – GRADUATION VERIFICATION

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## STUDENT COPY

UNIVERSITY OF HEALTH SCIENCES
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