

THE BENAZIR BHUTTO SHAHEED UNIVERSITY OF TECHNOLOGY AND SKILL DEVELOPMENT KHAIRPUR MIRS

Phone No.0243-9280170 Fax: 0243-9280171

Web: www.bbsutsd.edu.pk

(EXAMINATIONS DEPARTMENT) APPLICATION FOR ISSUANCE OF

DEGREE CERTIFICATE

Please Tick (\checkmark) following		☐ ORDINARY			☐ URGENT	
Class Ro	oll#	Dated:				
Name o	f Candidate: (in Capital Letter	s)				
Father's	Name: (in Capital Letters)					
Surname	e:	CNIC	No			
Discipli	ne:		Year of P	assing:		
		Cell / Phone #				
	::					
	<u>FEE</u>	AND WORK				
	DEGREE PROGRAM	ORDI	NARY	URG	URGENT	
		FEE	DAYS	FEE	DAYS	
	BSc Engineering Program	5000	20	8000	10	
PARTI	CULARS DOCUMENTS RI	EOUIRED.				
1. Phot	to Copy of Pass Certificate to Copy of CNIC updated	2. Photo	Copy of Tra Challan Ori	-	erified from E	Bank)
				SIGNATURE (DF CANDIDATI	- F

Bank Challan No. _____ Amount Rs. ____ Dated: ____