



•	To be filled in by Controller of Exam Office
	Paid certificate fee Tk
	(Cash/cheque) M.R.No
	Date of application:
	Expected delivery date
	Retake:subject(s) / No retake
	Additional: subject(s) / No Additional
	Fee for Provisional Certificate Tk. 600/-

Application for Provisional/Original/Duplicate Certificate

(Please mention it by $\sqrt{\text{mark}}$)

1.	Applicant's Name (In block letters):		
2.	Father's Name (In block letters):		
	Present Address :		
4.	Telephone No:	Mobile:	
	Name of Program:		
6.	Year of admission:	Semester:	
7.	Year of qualifying examination:	Semester:	
8.	Major area of study:		
9.	Result: a) Credits required for completion of the	Program: b) Credits	completed:
	c) CGPA:	d) Letter Grade:	

Checked by: (Name & Signature)		Signature of the Student Date:
Books are due / Not due	All dues clear / not clear	Recommendation of the department Chairman
Signature of Librarian	Signature of Accounts Head	Signature of the Department Chairman

Provisional / Original / Duplicate Certificate may kindly be issued.

	Signature of Controller of Examinations
Acknowledge the receipt of certificate	
	Sl. No. of Certificate:
Signature of the Student	Date of Issue :

Signature of the Vice-Chancellor

Signature of the Founder & President