

NATIONAL COLLEGE OF ARTS

4-Shahrah-e-Quaid-e-Azam, Lahore-54000

REQUEST FORM

| | |
|-----------------------|---------------------------------------|
| Name: _____ | Father's Name _____ |
| L.Line/Cell No: _____ | Class _____ Session _____ Roll# _____ |
| Department of _____ | Date: _____ |
| Postal address _____ | |
| E-mail _____ | Signature _____ |

| Request for (Tick the relevant box) | Charges |
|--|--|
| 1. Detail Marks Certificate | <input type="checkbox"/> Rs. 1500/- (Each Exam/Year) |
| 2. Transcript Record From _____ to _____ Session _____ | <input type="checkbox"/> Rs. 1500/- (Credit hours Each Exam Per Year) |
| 3. Duplicate Transcript Record (Bring Original Transcript) | <input type="checkbox"/> Rs. 210/- Per Year |
| 4. Duplicate Detail Marks Certificate (Bring original Certificate) | <input type="checkbox"/> Rs. 210/- Per page |
| 5. Photocopy of Admission Application in record | <input type="checkbox"/> Rs. 900/- Per page |
| 6. Bonafide Student Certificate | <input type="checkbox"/> Rs. 300/- |
| 7. College Identity Card | <input type="checkbox"/> Rs. 385/- |
| 8. Duplicate Identity Card | <input type="checkbox"/> Rs. 600/- |
| 9. Documents Verification fee | <input type="checkbox"/> Rs. 2100/- per page |
| 10. Any other _____ | <input type="checkbox"/> |

Please get the Bank Challan from the Accounts Section-NCA and deposit the money with Habib Bank, Punjab University, Old Campus Branch, Lahore. Paid copy of the Challan must be attached.

Applied Certificates/Documents can be collected **AFTER 08 WORKING DAYS** from the date of submission of the request form (Double fee will be charged for urgent certificate/document which will be issued after **04 Working Days**).

| | | |
|-----------------------|--------------------------|------------|
| 11. Duplicate Diploma | <input type="checkbox"/> | Rs. 9800/- |
| 12. Duplicate Degree | <input type="checkbox"/> | Rs. 9800/- |

Applied Degree can be collected **AFTER 90 WORKING DAYS** from the date of submission of the request form. (Subject to the availability of all Signatory Authorities).

| For Office Use Only | |
|---------------------|-----------------------|
| Receipt# _____ | Handed Over To: _____ |
| Dated: _____ | Dated: _____ |

INCHARGE

REGISTRAR