PTIIT	PUNJAB TIANJIN UNIVERSITY OF TECHNOLOGY, LAHORE	DOC #: PTUT/ Exams/ Rev #: 00	Frm-014
HER HARTY OF TECHNOLOGY	DEGREE REQUIREMENT COMPLETION FORM	Issue Date: 28-11-202	4
	(To be submitted to Examinations Branch Through the Cha	irman)	
(1) Name of th	e Applicant:(BLOCKLETTERS)	_	
(2) Father's Na	ame:(BLOCKLETTERS)	_ _	ecent
	(4) Department:		tograph
(4) Address wi	th contact No.:		
requested that my	fied that I have completed all the requirements for the award academic record may be closed and I may be awarded final transcr etition of a subject in future.		
Date:	Signature:		
No. Forwarded to the	(Students will not write below this line) - Controller of Examinations.	Dated:	
Forwarded to the	Controller of Examinations.	Dated: <u>Chair</u> rd:	<u>man</u>
Forwarded to the	Controller of Examinations.	<u>Chair</u> :d:	<u>man</u>
Forwarded to the	Controller of Examinations.	<u>Chair</u> :d:	<u>man</u>
Forwarded to the No.: Controller of Exam	Controller of Examinations. Date hinations: Dealing Official (Examinations):	<u>Chair</u> :d:	<u>man</u>
Forwarded to the No.: Controller of Exan To be filled in by t Credit Hours Com	Controller of Examinations Date hinations: Dealing Official (Examinations): he Concerned Assistant in the Examination Branch. pleted:(This figure must be in accordance with the ap	<u>Chair</u> ed:	man
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Forwarded to the No.: Controller of Exan To be filled in by t Credit Hours Com Dutstanding "F" g Any outstanding s Degree duration p Eligible: (<u>Tick One)</u> 1. The abov academic 2. The stude	Controller of Examinations Date hinations: Dealing Official (Examinations): he Concerned Assistant in the Examination Branch. pleted:(This figure must be in accordance with the ap	Chair ed: oproved credit hours pe grade:((Yes/No) ranted: (Yes/No); and further entries int	man Yes/No) o his

In case Serial (2) is ticked, the form shall be forwarded to the concerned department for information of the student and Chairman.

Note: A photocopy of the Matriculation Certificated must be attached by the applicant with this form.