



SUKKUR IBA UNIVERSITY

NO DUES FORM

Controller of Examinations

Sukkur IBA University

With due respect, I apply for detailed Transcript Certificate. My particulars are as under:-

Name of Student: _____ CMSID/ Enrollment No. _____

Father's Name: _____ Contact No. _____

Address: _____

Name of Degree: _____ Semester: _____ Session: Spring/Fall
(I, II, III, IV, V, VI, VII, VIII)

Specialization: _____

Year of Degree Completion: Spring/Fall- 20____

Comprehensive Exam Passed. Yes Dated _____ / No.
(Only for MBA students)

Final Project Completed. Yes Dated _____ / No.
(Only for BS (CS/SE) & BE students)

Dated. _____

Signature of Student

CLEARANCE FROM ADMISSION

This is certified that he/she is registered at Sukkur Institute of Business Administration in session (Fall _____/Spring _____)

Name of Incharge Admission/Concerned Officer: _____

Signature & Date _____

CLEARANCE FROM FINANCE DEPARTMENT

This is certified that no dues are outstanding against him/her.

Name of Treasurer / Concerned Officer: _____

Signature & Date _____

CLEARANCE FROM HOSTEL

This is certified that no dues are outstanding against him/her.

Name of Provost/Concerned Officer: _____

Signature & Date _____

CLEARANCE FROM LIBRARY

This is certified that no any book magazine etc. is outstanding against him/her.

Name of Chief Librarian/Concerned Officer: _____

Signature & Date _____

INTERNSHIP / PROJECT CLEARANCE

This is certified that he / she completed his / her Internship Program / Project Work at

(Company / organization)

Name of Director CDC/Concerned Officer: _____

Signature & Date _____

CLEARANCE FROM INCHARGE COMPUTER LAB

This is certified that He / She has no anything outstanding.

Name of IT Incharge/Concerned Officer: _____

Signature & Date _____

CLEARANCE FROM HEAD OF DEPARTMENT/PROGRAM COORDINATOR.

This is certified that He / She has no anything outstanding and he / she completed all requirements for the degree program.

Name of HOD: _____

Signature & Date _____