

Pre-Issuance Clearance/Application Form Incomplete Transcript

I _____ S/o, D/o _____
bearing Enrollment/GR No _____ request that the Incomplete Transcript
(Coursework) be issued to me as I have completed and cleared all the pre-requisites of
AIFD-Iqra University endorsed and governed by the competent authority. I also assure that
all the information that I have provided below is true to the best of my knowledge. If proven
guilty of misrepresentation, forgery or embezzlement, I may be denied the issuance of the
Incomplete Transcript .

Student's Data :

Date / / 20

Name (Block)

Reg.No

Programme

Tele.No

Semester

Cell No

Address

Departmental Clearance:

Department	Date	Signature	Remarks (Please Tick)
Library (IRC)			Clear / Not Clear
Accounts Department			Clear / Not Clear
EDP Department			Clear / Not Clear

Student's Signature and Date

FOR OFFICIAL USE ONLY

Recommended

Not Recommended

Remarks

Verified By
Deputy Controller Examinations

Approved By
Director Academics & Planning