

**THE AGA KHAN UNIVERSITY**  
**Office of the Registrar**  
**Request for Bona-fide Letter**  
**(Only for Alumni)**

Name _____	Student ID _____	Class of _____	
Programme of Study _____			
E-mail Address _____	Phone _____		
Reason for Request			
Letter Type (Please tick '✓' as applicable)			
<input type="checkbox"/>	Simple Bonafide Letter	<input type="checkbox"/>	Migration Certificate
<input type="checkbox"/>	Medium of Instruction Letter	<input type="checkbox"/>	Character Certificate
<input type="checkbox"/>	No Objection Letter	<input type="checkbox"/>	Other: _____

<b>CLEARANCE</b>		
<b>Finance Office</b> ( <i>please obtain clearance from Student Finance Office</i> )		
Name _____	Signature and Date _____	Stamp _____

<b>IMPORTANT</b>		
<ul style="list-style-type: none"> <li>- Request fee for the Bona-fide letter is Rs 100/-. You may pay the said fees at the Cashier's Office (located at Medical College courtyard) or Pay Online (<a href="https://payonline.aku.edu/">https://payonline.aku.edu/</a>). Please attach the payment receipt along with this form at the time of submitting the request to the Registrar's Office. Request fee is non-refundable.</li> <li>- Bona-fide Letter(s) will be retained in the office for three weeks, after which the document will be discarded, and the request will be closed. The same payment will not be considered for another request.</li> <li>- The processing time for Bona-fide Letter(s) is five working days.</li> <li>- Upon authorization, the Bona-fide Letter(s) may be collected by an authorized person. Photo identity is compulsory at the time of collection.</li> <li>- The Student Services Counter remains open from Monday to Friday between 9:00AM to 5:00 PM. The office remains closed on Saturday, Sunday and on public holidays.</li> </ul>		
Requester's Name _____	Requester's Signature _____	Date _____