

# Official Document(s) Request Form

Student Records Office, Office of the Registrar  
Aga Khan University, P.O. Box 3500, Stadium Road  
Karachi 74800, Pakistan  
Tel. (92-21) – 34865449 & 34865479, E-mail: [student.records@aku.edu](mailto:student.records@aku.edu)  
Contact Persons: Ms Shaista Ali & Ms Saadiya Siraj

Full Name: \_\_\_\_\_ Reg No.: \_\_\_\_\_ Class of: \_\_\_\_\_

Date of Request: \_\_\_\_\_ Contact No: \_\_\_\_\_ Current Email: \_\_\_\_\_

Request For Original Copy Of Dean's Letter(s)	No. of Copies	Amount
<p>Please Mark:</p> <p><input type="checkbox"/> Ordinary (7 working days): Rs. 25   <input type="checkbox"/> Urgent (3 working days): Rs. 50(*)</p> <p><input type="checkbox"/> Very Urgent (24 hours): Rs. 250(*)</p> <p><i>Note: (*) More than 5 copies will not be considered as Urgent Request and will be issued after 15 working days.</i></p>		
<p><b>Request For Attestation</b></p> <p>Please Mark:</p> <p><input type="checkbox"/> Photocopies of degree / transcript</p> <p><input type="checkbox"/> Any other Documents [Specify the name of the document(s)]</p> <ul style="list-style-type: none"><li>• _____</li><li>• _____</li><li>• _____</li></ul> <p><i>Attestation charges: Rs. 5 per attestation.</i></p> <p><i>Attestation request processing time: 2 working days.</i></p> <p><i>Note: Please note that no document(s) will be attested without seeing the original(s).</i></p>		
<p><b>Instructions:</b></p> <ul style="list-style-type: none"><li>• Please make the payments at Cash Office (Medical College) between 9:00 am and 1:00 pm, attach the receipt with this request form and submit this document to Office of the Registrar counter.</li><li>• Requested document(s) not collected within a month will be discarded.</li></ul>	<b>Total:</b>	

Request For Original Documents Attestation
<p>Please Mark:</p> <p><input type="checkbox"/> MBBS Degree   <input type="checkbox"/> MBBS Transcript</p>

Clearance from University Finance Department (Dean's Office First Floor) (Mandatory for all students and alumni)
Name and position of signatory: _____ Signature: _____
Date: _____ Stamp: _____

*I have read and understood the contents written on Official Documents Request Form and agreed with the same.*

Name and Signature of the Requester: \_\_\_\_\_ Date: \_\_\_\_\_

Delivery Receipt (For Office of the Registrar)	
Received the requested documents ordered. _____	
Receiver's Name	Signature and Date

For Office of the Registrar (SoNaM Counter)
Received Date Stamp: