Official Document(s) Request Form – Medical College

Student Records Office, Office of the Registrar
Aga Khan University, P.O. Box 3500, Stadium Road
Karachi 74800, Pakistan
Tel. (92-21) 34865449 & 34865532
E-mail: student.records@aku.edu,

Full Name: _____ Reg No.: _____ Class of: _____

Date of Request: _____ Contact No: _____ Current Email: _____

Request For Original Copy Of Dean's Letter(s) / MSPE		**No. of Copies**	**Amount**
Please Mark: ☐ Ordinary (7 working days): Rs. 25 ☐ Urgent (3 working days): Rs. 50**(*)** ***Note: (*) More than 5 copies will not be considered as Urgent Request and will be issued after 15 working days.***			
Request For Attestation Please Mark: ☐ Photocopies of degree / transcript ☐ Any other Documents [Specify the name of the document(s)] • _____ • _____ • _____ *Attestation charges: Rs.* ***5*** *per attestation.* *Attestation request processing time:* ***2*** *working days.* ***Note: Please note that no document(s) will be attested without seeing the original(s).***			
Instructions: • *Please make the payments at cash office (Medical College) between 9:00 am to 4:00 pm, attach the receipt with this request form and submit this document to Office of the Registrar (SON) counter.* • *Requested document(s), not collected within a month will be discarded.*	**Total:**		

Request For Original Documents Attestation

Please Mark:
☐ Degree ☐ Transcript Programme: _____

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)

Received Date Stamp: