BOLAN UNIVERSITY OF MEDICAL & HEALTH SCIENCES QUETTA

FORM FOR ISSUANCE OF PROVISIONAL TRANSCRIPT

Program: _____

Department: _____

Session: _____

College Name: _____

The student must paste here two (02) recent colored photograph

Name: _____ **Father Name:** _____

BUMHS Roll Number: _____ **Registration No:** _____

CNIC No:

PMDC Registration No: _____ **Date of Birth:** _____

Postal Address: _____

_____ **District:** _____

Permanent Address: _____

_____ **District:** _____

Email Add: _____ **Tel/Mobile No:** _____

Deposit Slip Number: _____ **Date:** _____

Declaration:

I declare that all the particulars or information mentioned above are correct and in Case of any difficulty arising out of inaccuracy therein, I shall be responsible for the same.

Signature of the Student: _____

INSTRUCTION

(Please ensure following before Submitted your application)

1. Attested copy of 1st Prof 2nd Prof 3rd Prof and Final Prof DMCs for BDS students.
2. Attested copy of 1st Prof 2nd Prof 3rd Prof 4th Prof and Final Prof DMCs for MBBS students.
3. Attested copy of BDS/MBBS Character and Provisional Certificate.
4. Attested copy of Registration Card (BUMHS), CNIC Card, and Student ID Card.
5. Attested copy of Matriculation, Intermediate Certificate.
6. Two colored Photograph (Passport Size)
7. The student must deposit Fee in Habib Bank Limited (HBL) Account Number (**1649-7992682801**).

S.No	Description	Ordinary Fee	Urgent Fee
1.	Provisional Transcript	Rs. 700	Rs. 1000
2.	Provisional Transcript Duplicate	Rs. 1000	Rs. 1500

8. Student must attach original HBL deposit slip with form

Transcript Receiving

I _____ S/o D/o _____

Roll No: _____ Student of: _____

Registration No: _____.

I have received my _____ transcript from Bolan University of Medical & Health Sciences Quetta (BUMHS). **(Must Attach CNIC or Student Card Copy).**

Signature of Student

Transcript Receiving
(On Behalf of Concerned Student)

I _____ S/o D/o _____

Relationship with Student: _____

CNIC No: _____

Mobile No: _____

I have received the transcript of _____ from Bolan University of Medical & Health Sciences Quetta. I am receiving it at my own risk. I will be responsible for its loss or if it does not reach the student.
(Must Attach CNIC Copy).

Signature