INSTITUTE OF ADMINISTRATIVE SCIENCES UNIVERISTY OF THE PUNJAB, LAHORE

Date

Request Form for Return of Original Document

Name of Student			_ Program	
Session _	R	oll No		
Following	g documents were de	eposited by me in the IAS	office at the time of my	
admission	a. These may please	be returned to me. Thanks	s: (Please tick the appropriate	
box)				
-	Certificate of Seco	ondary School		
-	Certificate of High	ner Secondary School		
-	Bachelor's Result	Card		
-	Bachelor's Degree	>		
-	Master's Result Card			
-	Master's Degree			
-	Other (Please Specify)			
-	Total Documents Received			
It is confi	rmed that the docun	nents (Ticked Above) have	e received by me.	
Signature	of the Student			
Contact No.		Res:		
Mobile:				
Address:_				
Main Lib	orary Clearence			
Dealing P	erson	Operation Manager_		
Please atta	ach one photocopy	of your Student ID card.		