



**RESULT CARD ISSUANCE PROFORMA**

Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Registration No: \_\_\_\_\_ Program: \_\_\_\_\_

Session: \_\_\_\_\_ Semester: \_\_\_\_\_

**Result Card(s) required for semester(s):**

Semester I	<input type="checkbox"/>	Semester II	<input type="checkbox"/>
Semester III	<input type="checkbox"/>	Semester IV	<input type="checkbox"/>
Semester V	<input type="checkbox"/>	Semester VI	<input type="checkbox"/>
Semester VII	<input type="checkbox"/>	Semester VIII	<input type="checkbox"/>
Semester IX	<input type="checkbox"/>	Semester X	<input type="checkbox"/>

\_\_\_\_\_  
*Student's Signature with Date*

\_\_\_\_\_  
*HoD's Signature with Date*

**Clearance by Account Office:**

<b>Fee Clearance:</b>	<b>Result Card Fee Status:</b>
	Total Paid Amount: _____ Receipt No: _____
	Dated: _____ Sign & Stamp: _____

**Note:** Result card will be issued within 05 working days after submission of this proforma.

\_\_\_\_\_  
*Approved by*

**EXAM BRANCH USE ONLY**

Generated By: \_\_\_\_\_ Dated: \_\_\_\_\_

Issued By: \_\_\_\_\_ Dated: \_\_\_\_\_

Received By: \_\_\_\_\_ Dated: \_\_\_\_\_