



# Office of the Controller of Examinations VARENDRA UNIVERSITY

Application for Partial / Final/ Duplicate/ Urgent Transcript and  
Provisional/ Duplicate/ Urgent Certificate

Passport  
Size  
photo

Name : .....

ID: .....

Mother's Name : .....

Father's Name : .....

Batch : ..... Semester (In case of partial transcript) : .....

Program : ..... Major (if applicable) : .....

Admission Session : ..... Completion Session : .....

Permanent Address : .....

Contact No : ..... e-mail : .....

Signature of Student

Date :

## Clearance Report

Office of the Librarian	Office of the Accounts
Returned all books and has no liabilities to the university library.	The student has no financial liabilities to the university.
..... Librarian/Concern officer	..... Director (F&A) / Concern officer

## Student Acknowledgement

I hereby authorized .....(relation with student)..... to receive a Partial / Final/ Duplicate/ Urgent Transcript, Provisional/ Duplicate/ Urgent Certificate on behalf of myself.

Signature of Authorized Person

Signature of Student

## Office of the Controller of Examinations

Register Serial :

Received By :

Date :

Date :