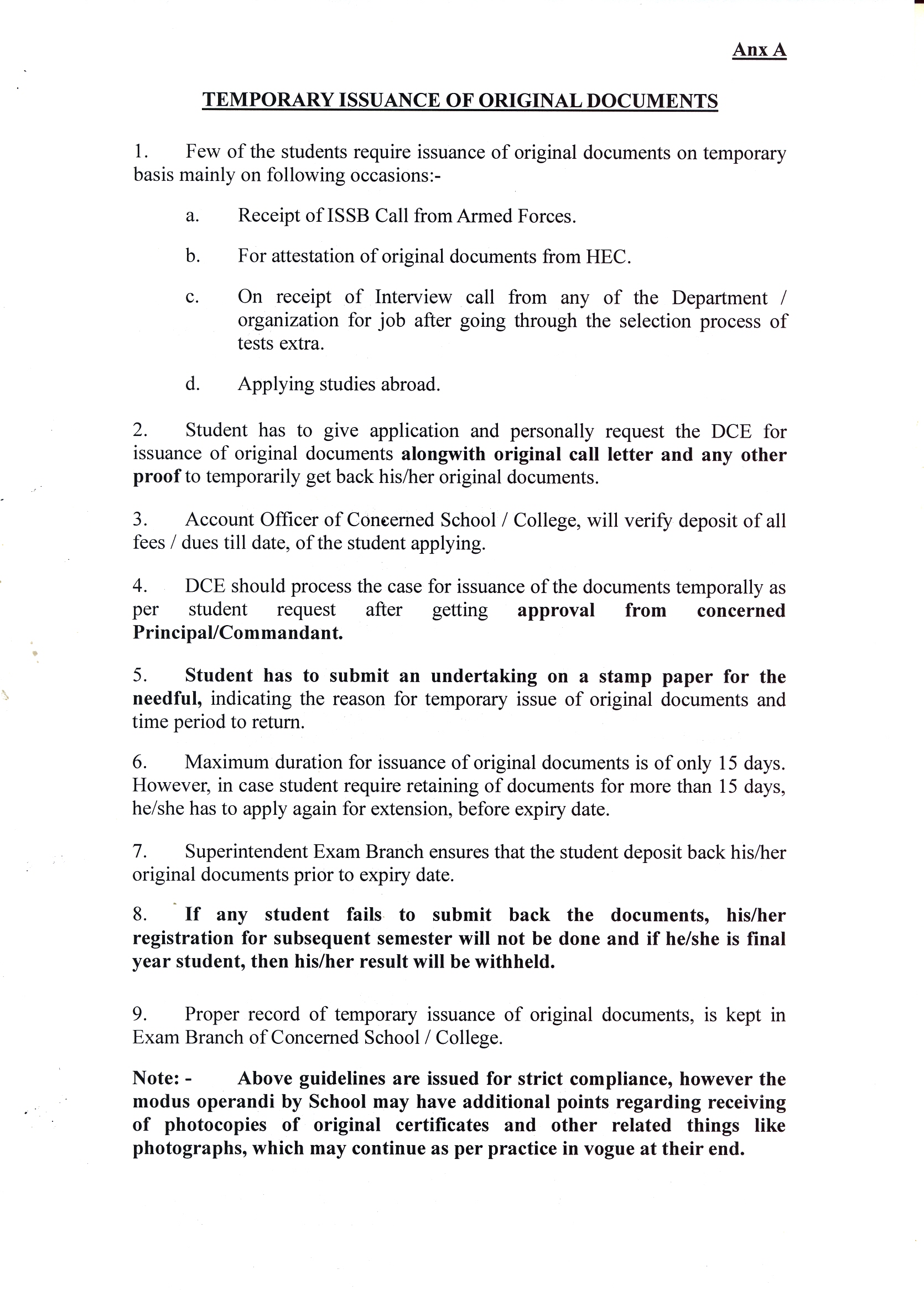
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| **APPLICATION FOR WITHDRAWAL OF ORIGINAL DOCUMENTS**  Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Regn No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Prog: \_\_\_\_\_\_\_\_\_\_\_\_Batch / Class: \_\_\_\_\_\_\_\_\_\_ Scholarship Availing/Availed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status: Day Scholar/Hostelite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Tick the name / specification of required documents:-**  SSC: \_\_\_\_\_\_\_\_\_\_\_ HSSC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Maximum duration for issuance of above mentioned documents (**30 days only**) Deposit Date:\_\_\_\_\_\_\_\_\_  Purpose for withdrawal of Documents (call letter/any proof): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **INSTRUCTIONS FOR STUDENTS (READ CAREFULLY).** It is certified that :-   1. I have attached an undertaking to this effect on stamp paper. **I will be responsible for any loss/ damage.** I will return the same on the above mentioned date. In case any extension in return date is needed, I will inform the Exam office through email ([exam@seecs.edu.pk](mailto:exam@seecs.edu.pk)). 2. I understand that in case I don’t return the documents on due date, I will NOT be allowed to sit in the ESE, my registration for subsequent semester will not be done (Result will be withheld in case of final year student) and will pay Rs.50/- as fine for each extra day after above mentioned deposit date.   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Signature. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **ACCOUNTS BRANCH, SEECS**  Fee paid up to (Month /Semester):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hostel Charges: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fine (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Accounts Officer, SEECS**  **DEPARTMENT, SEECS**  **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_ (**HoD Concerned**).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **­­­­**  **APPROVED / NOT APPROVED**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(Principal SEECS)**  **SEECS EXAM BRANCH**  **ACE (PG STUDENTS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DEPUTY CONTROLLER (EXAM): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **I have received my above mentioned documents in original:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Student’s Sign/Date |

**Updated on 28 Nov 2023 (Auth: Registrar Dte (NUST Min Office) eION no. 1426497 dated 28 Nov 2023)**



**6.** Maximum duration for issuance of original documents is of only **30 days.**  However, in case student require retaining of documents for more than **one month,**he/she has to apply again for extension, before expiry date.

**UNDERTAKING**

1. I, (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Registration No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Program/Batch\_\_\_\_\_\_\_\_\_ have withdrawn original documents on \_\_\_\_\_\_\_\_\_\_\_ (for maximum of 30 days) on temporary basis from Exam Branch, SEECS NUST for (Purpose) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(attach original call letter/ any other proof).
2. I hereby attach an undertaking to this effect on Stamp Paper declaring that :-
   1. I will be responsible for any loss / damage to these documents.
   2. I will return these documents on (Due Date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
   3. In case any extension in above given return date is needed; I will inform SEECS Exam Branch through email before expiry of due date.
   4. I also understand that in case I don’t return the documents on the given due date, I will not be allowed to sit in ESE, my registration for subsequent semester will not be done, result will be withheld (in case of final year student) and will pay a fine of Rs. 50/- for each extra day after due date.
3. I have read and understood the instructions given above and sign it as correct.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CNIC No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |