# DOCUMENT VERIFICATION FORM

## ABBOTTABAD UNIVERSITY OF SCIENCE & TECHNOLOGY

Please tick the relevant Certificate:   DEGREE          DMC          TRANSCRIPT          DIPLOMA

## PERSONAL INFORMATION

Applicant's Name:

Father's Name:

CNIC:

Address:

Contact No.:

## ACADEMIC INFORMATION

AUST Registration No.:

Title of Certificate to be verified:

Nature of Verification:          Orignal          Copy

## DUES DETAIL

Amount Deposited:                    Receipt/ Bank Draft No.:

Bank:                    Branch:                    Dated:

**FOR OFFICE USE ONLY**

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**Account Section Examination**

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**Deputy Controller Secrecy**

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**Controller of Examinations**