Abbottabad University of Science & Technology
Office of the Controller of Examinations
Phone # 0992-922550 email: controllerexam@aust.edu.pk

VERIFICATION SECTION

Name of the Candidate: _____

Father's Name: _____

CNIC # : _____ Contact # _____

Discipline: _____ Department: _____

Institute/ University : _____ Registration No. _____

Roll No. _____ Document (Degree ☐ Transcript/DMC ☐ Other ☐

Sign. Incharge Registration Section:	Remarks (If any)

1. **Degree No.** _____ Challan No. _____ Date: _____

Sign. Incharge Degree :	

2. **Transcript No.** _____ Challan No. _____ Date: _____

Sign. Incharge Sec. Section : (Internal/ External)	Remarks (If any)

3. **Other (if any)** _____ Challan No. _____ Date: _____

Other document: Sign. Concern Incharge Sign:	Remarks (If any)

UNDERTAKING

hereby solemnly declare and undertake that all the information provided by me in the application form and the documents submitted for verification are true, complete, and correct to the best of my knowledge and belief. I further undertake that:

1. All original documents and copies submitted by me are genuine and authentic.
2. I have not concealed, altered, or misrepresented any fact or information.
3. In case any information, statement, or document submitted by me is found to be false, forged, fabricated, or misleading at any stage, I shall be solely responsible for the consequences.

Signature of the Candidate : _____ Date: _____

Dealing Cleark : _____