APPLICATION / TRANSCRIPT FORM

To
The Examination Section
Islamia College, Peshawar

Contact No _____

Subject: _____

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Problem Details

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Name:_____ Father: _____

Class No: _____ Department: _____ Semester: _____

Submission Date: _____ Date of Delivery: With in_____ Working Days

For: _____ Dealing Assistant: _____

STUDENT ACKNOWLEDGEMENT SLIP

Name:_____ Father: _____

Class No: _____ Department: _____Semester: _____

Submission Date: _____ Date of Delivery: With in _____Working Days

For: _____ Dealing Assistant: _____