

Independent University

Bangladesh (IUB)

IUB Academic Repository

Office of the Controller of Examinations Prescribed Application Form Application Form for Certificate

2020-09-02

APPLICATION FORM FOR DUPLICATE COPY OF MAIN CERTIFICATE

Independent University, Bangladesh

Independent University, Bangladesh

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Independent University, Bangladesh (IUB)

Application Form for Duplicate Certificate / Diploma

SI. No.:

To
The Controller of Examinations
Independent University, Bangladesh (IUB)

Please attach one
copy passport size
photography here

Sir,
I request you to issue me a Duplicate Copy of my Main Certificate / Diploma due to the following reason:

(a) My Main Certificate / Diploma has been damaged/ stolen/ lost. To this effect, I have already made

a General Diary (GD) with-----Police Station and also a public notification

in the Daily-----, Dated: -----. The copies of GD and paper cutting of newspaper are attached herewith.

(b) My name requires to be corrected in my Main Certificate / Diploma issued by IUB. In support of my name correction, I have attached herewith the attested photocopies of my SSC/ O-Level and HSC/ A-Level certificates.

(c) Any other reason (Proof to be attached):------

All relevant information is given below for your kind consideration:

(a) Name (As in IUB records):------

(b) Name Requires to be Corrected, if any (As in SSC/O level/equivalent):------

(c) Degree Obtained from IUB :------ (d) Convocation Year:------

(e) ID. No.:------ (f) e-mail: ----- (g) Phone: -----

Sincerely

(Please cancel the clause/ word(s) not applicable.)

Signature of the Applicant with Date

For Office Use Only

Finance & Accounts:

The applicant has paid the requisite fee of Tk. 2000/- only in form of Pay Order / Bank Draft in favor of IUB.

Authorized Signature with Date:-----

Seal of the Office:

Office of the Registrar:

Date of Receiving Application-----

Received by: -----

Seal of the Office:

SI. No.:

Applicant's Part for Duplicate Copy of Main Certificate:

Name:-----

Delivery Date:-----

Id. No.: -----Convocation Year:-----

Authorized Signature & Date
Office of the Controller of Examinations

N.B.: Please submit this part to the Office of the Controller of Examinations at the time of taking delivery of your certificate.