

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 Provisional Certificate

Independent University, Bangladesh

<https://ar.iub.edu.bd/handle/11348/483>

Downloaded from IUB Academic Repository



Independent University, Bangladesh (IUB)

Application Form for Duplicate Copy of Provisional Certificate

Sl. 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 Provisional Certificate due to the following reason:

- (a) My Provisional Certificate 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 Provisional Certificate 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) Id. No.:----- (e) e-mail: ----- (f) Phone: -----

Sincerely

(Please cancel the clause/ words 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:

<

Sl. No.:

Applicant's Part for Duplicate Copy of Provisional Certificate:

Name:-----

Delivery Date:-----

Id. No.: -----

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.