



SUKKUR IBA UNIVERSITY

Merit – Quality – Excellence

The Vice Chancellor

Sukkur IBA University

It is stated with due reverence that I _____
S/o / D/o _____ having CMS _____
student of _____ program. I was awarded _____
during my degree. I had also paid fee for _____ Semester(s) including library security
(if any) amounting to Rs. _____. After adjustment of Rs. _____
my refundable amount is Rs. _____.

It is therefore requested that the fees which I paid during scholarship period may kindly be
refunded and fee refund cheque may be prepared in favor of my
father/guardian _____ having CNIC _____.

ENDORSEMENT FROM FINANCIAL AID OFFICE:

(to be filled by Financial Aid Office only)

He/she has been awarded _____ Scholarship.

From _____ To _____. **Signature of FAO Officer:** _____

Signature of Student: _____

Name of student: _____

Contact No: _____

Date: _____

DOCUMENTS REQUIRED FOR REFUND CLAIM:

- 1) This application form, duly filled in and endorsed by FAO.
- 2) Original No Dues Form, signed by all departments mentioned on it.
- 3) Photocopies of paid challan for which the refund claim is being made.
- 4) CNIC copy of the father/mother whoever is the bank account holder.



SUKKUR IBA UNIVERSITY

NO DUES FORM FOR DEGREE AND TRANSCRIPT

The Controller of Examinations
Sukkur IBA University

I am applying for detailed Transcript/Degree Certificate. My particulars are as under:

Name: _____ CMS ID / Enrollment No. _____

Father's Name: _____ Contact No. _____

Address: _____

Program (Name Degree): _____ admitted in: _____ completed in: _____

Semesters: _____ Specialization: _____ Degree Status: Studying/Completed

Comprehensive Exam passed on: _____ Final Project completed on: _____

Date: _____

(Signature of Candidate)

CLEARANCE FROM THE ADMISSION OFFICE

This is certified that he/she is a registered student at Sukkur IBA University in session (fall/Spring _____)

Name of Incharge Admissions / Concerned Officer: _____

Seal, Signature and Date: _____

CLEARANCE FROM THE FINANCE DEPARTMENT

This is certified that there is nothing outstanding against him/her. He/she is availing _____ scholarship (please specify name of the scholarship if you are nominated for any scholarship)

Name of Treasurer / Director Finance / Concerned Officer: _____

Seal, Signature and Date: _____

CLEARANCE FROM HOSTEL PROVOST OFFICE

This is certified that there is nothing outstanding against him/her.

Name of Provost / Concerned Officer: _____

Seal, Signature and Date: _____

CLEARANCE FROM LIBRARY

This is certified that no any book/magazine/general etc is outstanding against him/her.

Name of Chief Librarian / Concerned Officer: _____

Seal, Signature and Date: _____

CLEARANCE FROM CDC (INTERNSHIP / PROJECT)

This is certified that he / she completed his / her Internship Program / Project Work at _____ (Name of Organization/Company)

Name of Director CDC / Concerned Officer: _____

(Students of BS (Acc & Fin) will sign from their Coordinator) Seal, Signature and Date: _____

CLEARANCE FROM COMPUTER LAB

This is certified that he / she has nothing outstanding.

Name of I. T. Incharge / Concerned Officer: _____

Seal, Signature and Date: _____

CLEARANCE FROM HEAD OF THE DEPARTMENT OR COORDINATOR

This is certified that there is nothing outstanding against him/her.

Signature and Date: _____

Note: For Provisional Transcript (1) Admission, (2) Library & (3) Finance Dept. Signatures are required only