



**QARSHI UNIVERSITY
DEGREE / FT VERIFICATION FORM**

Annexure – 15

Name: _____

Registration No. _____ Department: _____ Program: _____

E-mail: _____ Contact No.: _____

Verification of:

Degree (Original / Copy)

FT (Original / Copy)

Address: _____

Processing Fee Voucher No.: _____ (Attach a copy)

Date: _____ Signature: _____

Please bring your original CNIC, degree and transcript

For Office Use

Office of Registrar:

Approved

Yes

No

Name / Designation: _____ Signature: _____ Date: _____

Controller Office:

Name / Designation: _____ Signature: _____ Date: _____

Acknowledgement Receipt

Degree / FT Verification Form

Student Name: _____

Registration No.: _____

Recipient Name / Designation: _____ Recipient Signature: _____