



STUDENT'S REQUISITION TO PRINT NAME* IN THE B.PHARM DEGREE CERTIFICATE

[*AS PER THE SCHOOL RECORDS SUBMITTED TO THE OFFICE OF THE ADMISSIONS DURING ADMISSION TO B.PHARM DEGREE PROGRAM/TO BE LEGIBLY FILLED-IN BY B.PHARM FINAL YEAR STUDENT]

Date: ___/___/20___

To
The DEAN-RAKCOPS

Dear Sir,

In the B.PHARM Degree Certificates [Arabic & English] that I shall be receiving upon my graduation, kindly arrange to print my name as given below:

Name to be printed in B.PHARM Degree Certificate [Arabic]:

Name to be printed in B.PHARM Degree Certificate [English]:

[ENTER YOUR NAME IN CAPITALS]

Signature of student

College ID No.:

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Mobile No.:

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E-mail ID _____ Permanent Contact No. _____

FOR OFFICE USE

Student's request forwarded to the Dean-Examinations.

DEAN
RAKCOPS