	ne Controller of Examination, AF-IAST Haripur, Pakistan.	Date: / /20 .	
	Subject: <b>ISSUANCE OF ACADEM</b>	MIC TRANSCRIPT.	
Dear S	Sir,		
	I have appeared in the end semester examination of Fall/ Spring/ Summer 20 of e Program. Kindly issue me the Academic Transcript of semester/ semesters.		
	The relevant particulars are given be	low.	
	Thanking you,	Yours faithfully,	
		(Signature of the candidate)	
1.	Name in full :		
2.	Father Name :		
3.	Registration No.:	4. Batch No.:	
5.	Program :		
6.	Email address:	7. Contact No.:	
	FOR O	FFICE USE ONLY	
Prepared by:		Checked by:	
Issu	ing Official:	Date:	