AUTHORITY LETTER – MS DEGREE COLLECTION

CNIC number									(Copy Attached)			
hereby	authorize Mr. / Ms									CNIC	number	
			(Сору	Attached)	to	collect	my	MS	/	MPhil	/	MBA
			(Progra	m Name) D	egre	e from F	GP C	te M	ain	Office	NU	ST on
my behal	f. Three spec	imen s	signature	s of the indi	vidu	al are ap	pend	ed be	low	<i>1</i> .		
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Date:						Signa	ature	:				
									(N	lame)		
								(N	UST	Regn N	10)	

Note: (Authority Letter must be in original as scanned / downloaded copy will not be acceptable.)