

AUTHORITY LETTER
DEGREE/ DOCUMENTS COLLECTION

I _____ CNIC Number _____ (Copy Attached)

Hereby authorize Mr. / Ms. _____ CNIC Number
_____ (Copy Attached) to collect my UG/ MS degree _____

(Program Name) and Original documents _____ (Documents
Detail) from Exam Branch, MCS on my behalf. Three specimen signatures of the authorized
individual are appended below: -

a. _____ b. _____ c. _____

Date: _____

Applicant Signature: _____

(Name)

(NUST Regn No)

(Contact No)