Date: 07/07/2021

### **Notice**

Dear Graduate Students

First of all, we congratulate you for completing your academic courses and your graduation.

All graduate students must cooperate so that we can complete the rest of the procedures for issuing their graduation statements by following:

- Fill out the attached forms.
- Pay the remaining fees, if any, to the college account

A/c No: 0452017209960017

**Account Name: Waljat College of Applied Sciences** 

Bank Name: Bank Muscat

- Resend the completed forms with a copy of the ID card from both sides and the payment receipt to the <a href="mailto:admin@waljat.net">admin@waljat.net</a>

In the event of any deficiencies, the student will bear the result of the delay in issuing his graduation certificate

For any inquiries, you can contact the number:9624624.





Eligible/Not Eligible

Head, Admission & Registration

### WALJAT COLLEGE OF APPLIED SCIENCES

## In academic partnership with BIRLA INSTITUTE OF TECHNOLOGY



Form No: A&R-08

#### Course Completion Form-20\_\_\_\_ (For students graduating with Master/Degree/Advanced Diploma/ Diploma)

A. Student Deta	ils:																	
Name																		
(fill in block																		
letters)																		
Roll Number																		
Program												·						
Month and Year of Last/ Final Examination appeared													2	0				
Type of Visa (For	ıni) S	Student's Visa					Fan	Family's Visa					Othe	ers				
B. Details:														•				
PO Box						PС												
Street																		
City			Country															
Date of Birth																		
GSM					I			ı				l .						
Personal E mail Id																		
Place of	Not W	Vorking	5	7 0	wn Bus	siness		Government sector Private sector										1
Employment																		
Important: Check			eared a	ll the s	ubjects	and fu	lfill	the	requir	emen	ts for	the av	vard	l of D	egree/ ]	Diplom	a.	
Signature of the Head of the Department (with date)																		
Signature of Dep																		
Signature of Com																		
Signature of Librarian (with date)																		
Signature of the candidate  Date:  FOR OFFICE USE ONLY																		
Fee Details	A	Mount																
Receipt no.		•							Date									

**Permitted/Not Permitted** 

Finance Manager



### WALJAT COLLEGE OF APPLIED SCIENCES



Date:



# Form No: A&R-03 Transcript, Migration & Transfer Certificate Request Form

	Name																
(fill in block																	
letters)																	
Roll Number						/						/			I		
Branch																	
Month and year of passing																	
Sl. No.	Certificate								oer oies	Fee	to b	e pai		Total fee to be paid			
1	Migration	* (	ONE	_	20.	000			20.000								
2	Transcript				$\sim$	OMR pair	2.00	00									
		Tota									Гotal sum payable						
*Attach original migration and transfer certificate issued from previous institute																	

Attach original migration and transfer certificate issued from previous institute

Attach original fee receipt.

Fee receipt details

Signature of the student