

Office Use

Application No _____

Dated _____

APPLICATION FOR ISSUE/AWARD OF PROVISIONAL/ ORIGINAL DEGREE CERTIFICATE

Name of the Student (in Capital Letter)				Latest passport size photograph of the candidate	
Father's Name					
Roll No					
Enrollment Number					
Course Name					
Permanent Address					
Pin Code		Mobile		Phone	
Email					
Name of The Examination	Roll No.	Month and year of passing	Division / Percentage	Documents Enclosed	
SSC / 10 th					
Intermediate / 10 + 2					
Graduation					
Post Graduation					
Semester I					
Semester II					
Semester III					
Semester IV					

(Application should write all information mentioned above correctly and clearly in blue ink only.)

Details of Passing Examination of Due paper (s) if any

Name of the Paper with Code	Semester	Month & Year of Passing

Declaration by the Student

I _____ S/o. _____
hereby declare that the information furnished by me is correct to the best of my knowledge and belief. I also certify that the copies of document duly signed and enclosed by me are true and corrected copies of the originals. In case of any information given by me is found to be false any certificate enclosed is found invalid or forged, I understand that my Degree will be cancelled and all fees paid will be forfeited besides being open to other legal action.

Date

Signature of the Student

Name: