

DEGREE CERTIFICATE APPLICATION

• FILL THE FORM IN BLOCK LETTERS

Counseling	Centre Code & A	ddress :	
Name of the	e Student :		
Father's Name :			
Course & S	emester :		
Enrollment	No :		
Roll No. of	1st Sem/Year	2nd Sem/Year	
	3rd Sem/Year _	4th Sem/Year	
	5th Sem/Year	6th Sem/Year	
	7th Sem/Year	8th Sem/Year	
Marks Obtai	ned Out Of Maxin	num Marks:	
	1st Sem/Year	2nd Sem/Year	
	3rd Sem/Year _	4th Sem/Year	
	5th Sem/Year	6th Sem/Year	
	7th Sem/Year	8th Sem/Year	
	(Attested copy of a	bove Marksheets to be submitted alongwith this application)	
Total Durati	on of Course (In y	ears):	
Place:		Signature of the	Student
Note:	Student will be	charged Rs. 1000/- for issue of Degree Certificate	•
For office u	ise		
Request rece	ived on	:	
Details of Pa	yment	:	
Degree Cert	ificate Issued on	:	
Authorised S	Signatory	:	