

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION TO ISSUE DEGREE /GRADE REPORT/ MARKSHEET

Application No.:		Date:		
Controller of Examination,				Affix Photograph
Sir,				
I request you to kindly issue my Degree / Grade	Report/ Marksheet. Details a	are mentioned below	w.	
Candidate's Name (in block letters)		Roll No	Enrol. N	No
Father's Name (in block letters)				
Mother's Name (in block letters)				
Present Postal Address				
Phone NoEm				
Program of study	Branch			
Grade Report/ Marksheet required: Regular	Semester/Year Car	ryover	Semeste	er/Year
Authorization (in case student is not available):				
I authorizeto collect my above-mentioned Degree /Grade Report/ Marksheet. The				
specimen signature of authorized person is given below. His/her photo/address ID (Aadhar card) is enclosed.				
(Specimen Signature of the authorized person)			(Signature o	of the candidate)
INSTRUCTIONS FOR APPLICANT				
 Report/Mark sheet. Fee receipt of Rs 1500/- (Rs. 1000/- Alumni registra Section is required for receiving the degree. <i>Issue of Duplicate Degree/Grade Report/Marksheet:</i> Duplicate Degree /Grade Report/ Marksheet can also be obt An Affidavit signed and certified by the First-Class M Copy of FIR. Fee is Rs. 1000/ per Grade Report/ Marksheet and Rs. 	ained on submitting an application a agistrate. 1500/- for degree.	along with the following	:	
I have read all above mentioned instructions carefully. I will abide by the rules and regulations or any instructions given by the Examination Section.				
			(Signature	of the candidate)
	FOR OFFICE USE ONLY			
Name of the person who have received the application	on:	Signature		Date
Name of the person to whom task is assigned		_Signature of COE/E	Dy. Registrar	
Task completion Date	Signature of person who	completed the task		
Receiving: I have received required Degree/Grade Report/Marksheet after depositing all my dues, if any.				
				Yours faithfully,
		(After receiving th		e of the candidate) Report/Marksheet)
Cut it from here and give it to the applicant ACKNOWLEDGMENT SLIP				
Name of the candidate:	Enrol No.	A	pplication No.	
Purpose	Г	Date		
Name and signature of authorized person at the cour	.ter			