

APPLICATION FORM FOR PROVISIONAL CERTIFICATE

Name of Examination	:	Year of Passing :
College/Faculty	:	
Name of the Student	:	
Roll No. (last Examination)	:	Enrollment No. :
Father's Name	:	
Mother's Name	:	
Postal Address	:	
(to which certificate is to be sen	t)	
Payment	:	(Challan No. & Date)

Declaration By The Applicant

I declare that the above entries in the form are correct as per my documents and to the best of my knowledge and belief. I agree that if any statement made above is proved to be false, I shall be liable for legal action for submitting false information and statements.

Date :	S	Signature of Candidate
	Recommendation Of The Dean/Principal	
This is to certify that	Enrollment No.	,
a student of		_ (Faculty/College) has
passed the	Examination held in	
(month & year). The Cer	tificate may be issued to the applicant by the	University.