

REGISTRATION & EXAMINATION DEPARTMENT

APPLICATION FORM

Request for:

S No	Name of Document	Fees
1	Transcript of Grades / Interim Transcript (Provisional)	1000
2	Character Certificate	600
3	Completion Certificate	600
4	Student Record Verification	400
5	Migration Certificate / NOC	600
6	Provisional Certificate	600
7	Bona fide Letter	300
8	Medium of Instruction	300
9	Other's	
Total Amount		

Registration No _____ Program _____ Semester _____

Name _____

S/o D/o _____ Cell #: _____

E-Mail I.D _____

Reason of Request (Please specify):

Applicant's Signature

Date: _____

Accounts Office: Outstanding Balance Rs: _____ Name: _____ Signature: _____ Date: _____
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Accounts Office: Doc. Amount Received Rs: _____ No Balance is Outstanding Name: _____ Signature: _____ Date: _____
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Registration Office: Name: _____ Signature: _____ Date: _____
