

## **Application Form for Original Certificate**

(Only for the Student who has not received transcript &

## **Provisional Certificate earlier**)

Please submit this form to the Departmental Admin. Officer (DAO)

Student Name (as per last degree certificate)				
Registration No.:				
Department:				
Programme:				
Major Area of Student (only for MBA & EMBA):				
Emergency Contact Number:				
Date of Birth:				
Signature of the Student	Date:			
	FOR OFFICE	USE		
Submission Date	Tentative Da	nte of Delivery		Received by
				DAO/DAAC
1 Received application 2 Recommendation of Library.				y.
DAO/DAAO		Library Assistant		Deputy Librarian
3 Cleared all Dues with Convocation fees.				
AAO (Finance & Accounts) Director, Finance & Accounts				Asst. Controller of Examinations
K				
Student Name :	U	AP		
Registration No:	Graning H Proper	Conviction V Confirmer		
Department:	UNIV.	S. JE		G. I. G
Programme:	N. C.	FASIAR		Student Copy
	 cation Form for (	Original Carti	ficato	
(Only for the Student v				ificate earlier)
	ons Office: 74/A, Green Road, D			
Submission Date	Tentative Date & time of De			Received By
	D-4-			
	Date & t	ime 9:00 am to 5:00 pr	n	
				DAO/DAAO

For present status of your application from, please contact: 58157091-4, Ext. 113.
Student ID card must be surrendered at the time of taking Original Certificate.