



Serial No.: .....

**APPLICATION FOR CERTIFICATE OF GRADES EARNED  
IN THE END SEMESTER EXAMINATIONS**

1	Name of the Student	
2	Register Number	
3	Date of Birth	
3	Degree	
4	Branch	
5	Month & Year of Examinations	
6	Semester	
7	Purpose for which certificate is required	

Signature of the Candidate

Signature of Class Advisor

Date :    /    / 20

Phone No. / MobileNo.: .....

Address for Communication:

Received the Certificate :

**FOR OFFICE USE ONLY**

Issued the Certificate on .....

Assistant Registrar/Section Officer

\*Incomplete form will not be accepted.