



Dr. N.G.P. ARTS AND SCIENCE COLLEGE

(An Autonomous Institution, Affiliated to Bharathiar University, Coimbatore)
Approved by Government of Tamil Nadu & Accredited by NAAC with A++ Grade (3rd Cycle - 3.64 CGPA)
Dr. N.G.P. - Kalapatti Road, Coimbatore – 641 048, Tamil Nadu, India
Web : www.drngpasc.ac.in | Email : info@drngpasc.ac.in | Phone : +91-422-2369100

Q.M

2.5.5 G18

DUP - 1

APPLICATION FOR OBTAINING DUPLICATE MARK STATEMENT

1.	Name of the Candidate		
2.	Register Number		
3.	Gender		
4.	Mobile Number and Mail ID		
6.	Department		
7.	Name of the Degree		
8.	Branch		
9.	Period of Study		
10.	Duplicate applied for statement of Marks or Consolidated mark statement		
11.	If applying for duplicate statement of Marks, fill the semester/s and Month and year of exam. For which statement of marks was issued.	Semester	Month and Year
12.	Circumstances under which the certificate was lost / destroyed		
13.	Whether the prescribed affidavit and LDR has been enclosed with the application.		

Place:

Date:

Signature of the Candidate

Forwarded by HOD*:

(*HoD shall append the signature after verifying if the candidate has received the statement of marks from Department.)

Deputy Controller of Examinations:

Fee Paid Details**

(**Fee to be paid only if the application for the duplicate statement of marks is approved by the COE Section)

Fee paid (Rs)	Receipt Number	Receipt Date

Principal

FOR OFFICE USE ONLY	
Statement of marks issued on:	Prepared by:
Folio Number:	Examined by:

Controller of Examinations



Dr. N.G.P. ARTS AND SCIENCE COLLEGE

(An Autonomous Institution, Affiliated to Bharathiar University, Coimbatore)
Approved by Government of Tamil Nadu & Accredited by NAAC with A++ Grade (3rd Cycle - 3.64 CGPA)
Dr. N.G.P. - Kalapatti Road, Coimbatore – 641 048, Tamil Nadu, India
Web : www.drngpasc.ac.in | Email : info@drngpasc.ac.in | Phone : +91-422-2369100

Q.M

2.5.5 G18

INSTRUCTIONS FOR OBTAINING DUPLICATE MARK STATEMENTS

1. Duplicate certificate will be issued only when it is lost or destroyed irrevocably.
2. Application duly filled-in should be forwarded by the Head of the respective department along with the following:
 - (a) An affidavit detailing the circumstances under which the original certificate was lost or destroyed
 - (b) Lost Document Report
 - (c) the fees should be paid directly to the College office only after approval from the Controller of Examinations. The affidavit should be duly executed before the Notary Public / Principal of the College where he / she had studied in the prescribed format.
3. Application shall be complete in every respect. Failure to furnish correct details may cause delay in the issue of the certificate. The application shall be filled in only by the candidate otherwise it will be rejected.
4. Fees once paid shall neither be refunded nor adjusted against any other certificate under any circumstances.
5. A minimum of three working days will be taken for processing the application.



Dr. N.G.P. ARTS AND SCIENCE COLLEGE

(An Autonomous Institution, Affiliated to Bharathiar University, Coimbatore)
Approved by Government of Tamil Nadu & Accredited by NAAC with A++ Grade (3rd Cycle - 3.64 CGPA)
Dr. N.G.P. - Kalapatti Road, Coimbatore – 641 048, Tamil Nadu, India
Web : www.drngpasc.ac.in | Email : info@drngpasc.ac.in | Phone : +91-422-2369100

Q.M

2.5.5 G18

AFFIDAVIT TO BE FILLED FOR ISSUE OF DUPLICATE MARK STATEMENT

Affidavit of Thiru / Selvi

1) son / daughter of
aged.....years, a student of (Department),
Dr. N.G.P. Arts and Science College with register number and
residing atstreet..... do hereby
solemnly and sincerely state as follows.

2) My Mark Statement / Consolidated Mark Statement issued relating to
the examinations held during..... has irrevocably been lost / destroyed.

3) I fill this affidavit for the purpose of receiving duplicate Mark Statement / Consolidated Mark
Statement.

4) The duplicate Mark Statement / Consolidated Mark Statement shall be returned to the College
once my original certificate/s is / are recovered by chance.

5) The facts stated are true and correct to the best of my knowledge and if found false by the
College, I shall abide by the decision of the College.

Place:

Date:

Signature of the Candidate

Solemnly affirm at _____ (place) this

(date) _____ and signed his / her name in my presence.

Notary Public / Principal