

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

(An Autonomous Institution, Affiliated to Bharathiar University, Coimbatore) Approved by Government of Tamil Nadu and Accredited by NAAC with 'A' Grade (2nd Cycle) Dr. N.G.P.- Kalapatti Road, Coimbatore – 641 048, Tamil Nadu, India Website: www.drngpasc.ac.in | Email: info@drngpasc.ac.in | Phone: +91 - 422 - 2369100

APPLICATION FOR ISSUE OF DUPLICATE MARK STATEMENT					
1.	Name of the Candidate				
2.	Register Number				
3.	Department				
4.	Name of the Degree				
5.	Branch				
6.	Period of Study				
7.	Sex				
8.	If applying for duplicate statement of Marks, fill in the Month and year of exam. For which mark statement was issued.				
9.	Circumstances under which the certificate Was lost / destroyed				
10.	Whether the prescribed affidavit has been enclosed with the application.				
11.	Address to which the certificate is to be Sent				
12.	HOOS DOLO	Receipt No. : Receipt Date :			

Place :

Date :

Signature of the Candidate

FOR OFFICE USE ONLY

Certificate issued on

Folio No.

Prepared by:

Examine by:

Controller of Examinations

(For instruction see over leaf)

INSTRUCTIONS

1. Duplicate certificate will be issued only when it is lost or destroyed irrevocably.

2. Application duly filled-in along with (a) an affidavit detailing the circumstances under which the original certificate was lost or destroyed (c) the fees should be paid directly to the College office. The affidavit should be duly executed before the Notary Public / Principal of the College where he / she had studied.

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 my circumstances.

AFFIDAVIT TO BE FILED FOR ISSUE OF DUPLICATE CERTIFICATE

Affidavit of Thiru. / Selvi

- 2) My statement of marks issued relating to the examinations held during..... has irrevocably been lost / destroyed.
- 3) I fill this affidavit for the purpose of receiving duplicate certificate.
- 4) The duplicate Certificate shall be returned to the University 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. Solemnly affirmed.

At (place)					_this
(date)	day of				
(month)	- -	and	his	/	her
signature affixed in my presence.					

Signature of the Candidate

Before me

Place :

Date :

Notary Public / Principal

Address_____

Office Seal :