

KONGUNADU ARTS AND SCIENCE COLLEGE
(Autonomous), Coimbatore – 641 029
APPLICATION FOR ISSUE OF DUPLICATE CERTIFICATE

* Certificate for which applied ... _____

Degree & Branch of study ... _____

Details of payment made ... _____

1. Name of the student

Name in Tamil

2. Register Number

3. College through which studied / studying

4. Sex

5. (a) If applying for duplicate statement of Marks, fill in the Month and Year of Exam for which mark statement was issued

(b) If applying for duplicate provisional Certificate / consolidated statement of Marks fill in the Month & Year of last Appearance in which qualified for the degree

6. Circumstances under which the certificate was lost

7. Whether the prescribed affidavit has been enclosed with the application

8. Address to which the certificate is to be sent

Place:

Date:

Signature of the candidate

FOR OFFICE USE ONLY

Certificate issued on

Prepared by :

Folio No. :

Examined by :

Controller of Examinations

* Write as statement of marks / Provisional certificate / consolidated statement of marks, and enclose the photocopy of the same for which duplicate is required.
(for instructions see over leaf)

AFFIDAVIT TO BE FILED FOR ISSUE OF DUPLICATE CERTIFICATE

Affidavit of Thiru / Selvi

1. I son / daughter of aged Years, an old student / student of college with register number..... and residing atdo hereby solemnly and sincerely state as follows.

2. My * (i) (degree) statement of marks / Provisional Certificate / Consolidated statement of marks issued relating to the examinations held during by the Kongunadu arts and science college, Coimbatore - 29 has irrevocably been lost / destroyed.

3. I file this affidavit for the purpose of receiving duplicate certificate.

4. The duplicate certificates 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.

Solemnly affirmed

at (place) _____

this (date) _____ day of

Signature of the candidate

(month) _____

and his / her signature affixed in my presence.

Before me :

Place:

Date:

Notary Public / Principal

Address

Office seal :

* delete which is not applicable.