

BHARATIAR UNIVERSITY, COIMBATORE - 641 046.**APPLICATION FOR ISSUE OF DUPLICATE CERTIFICATE**

1. Duplicate of which Certificate* required :
2. Name of the Candidate :
3. Register Number :
4. College through which studied/Studying :
5. Degree of study :
6. Branch :
7. Period of Study :
8. Sex :
9. (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 degree certificate fill in the :
 - i. Month and Year in which qualified for the degree :
 - ii Name in Tamil :
 - iii Date of convocation in which the degree was conferred :
- © If applying for duplicate provisional Certificate / consolidated statement of marks fill in the Month & Year of last appearance in which qualified for the degree :
10. Circumstances under which the certificate Was lost / destroyed :
11. Whether the prescribed affidavit has been enclosed with the application. :
12. Address to which the certificate is to be sent :
13. Fees paid :

DD/Challan No.:

Bank :

Amount : Rs.

Date:

Place :

Date :

FOR OFFICE USE ONLY	Signature of the Candidate
Certificate issued on	Prepared by:
Folio No.	Examine by:
Date on which the D.D. was Sent to Finance Officer	Controller of Examinations

*Write as Degree certificate / Statement of marks/
Provisional Certificate / Consolidated statement of marks.
(for instruction see over leaf)

AFFIDAVIT TO BE FILED FOR ISSUE OF DUPLICATE CERTIFICATE

Affidavit of Thru / Selvi.....

1. I.....

son / daughter ofaged.....years,

an old student / student ofcollege

with register numberand residing at

street.....

do hereby solemnly and sincerely state as follows.

2. My *(I)(degree) statement of marks issued relating to the examinations held during...../ (ii) Degree certificate issued at the convocation.....

held on/ (iii) Provisional Certificate / Consolidated statement of marks issued by the Bharathiar University, Coimbatore – 46 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 University, I shall abide by the decision of the University.

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.