

	APPLICATION FORM FO	OR ISSUE OF DUPLICA	TE DEGREE
Student's Name			
Reg. No.			
Faculty/School's Name	_		
Father's Name			
Program	B.Voc/M.Voc. in_	=	
Address:-			
			PIN:-
Note: For duplicate De options)	gree (if lost) enclose an a	affidavit <b>or</b> copy of the p	police complaint. (√ Mark in giver
1. Affidavit	( )		
Copy of police of police of the control of the	complaint ( )		
/Receipt No. Date	DD/MM/YYYY	Total Paid Amount Student's Sign	
Signature of Studen		Finance Section Received By	Signature of Dean/In-charge
Name of the Student:-		Signature:-	Date:-
Issued (i) Duplicate D		INATION USE ONLY	Program
Signature of C	ontroller of Examination		Dispatched On:
Signature of C	Charling of Examination		Disputence On.



