

## APPLICATION FOR ISSUE OF PASSING CERTIFICATE

Name of the Candidate( in Block letters) as per previo year Marks Card	ous									
Male/Female										
Registration Number					2 43					
Month and Year of Passing with Class obtained (please attach copies of all earlier Marks Card and Certified copy of sixth/tenth Semester result sheet).							1			
Parti	iculars of fees of	of fees pa	<u>nid</u>							
D.D.Number An	nount Rs.120/-	nt Rs.120/- D.D. Date								
Speed Pc	ost					1				
То,										
Sri/Smt										
Pin Code										
Telephone/Mobile No										
Date: Place:				Sig	nature	e of the	e Candi	date		
ertified that the above Candidate was student		ege fron	n	1	to		and	passe	d	

Signature of the Principal with Seal