

UNIVERSITY OF JAMMU

ISO Certified 9001 : 2000

APPLICATION FOR ISSUE OF DUPLICATE MARKS CERTIFICATE/ROLL NO. SLIP

PARTICULARS TO BE FILLED IN BY THE CANDIDATE

(Please score out the word which is not applicable)

1. Name _____ Father's Name _____

2. Document applied for Marks Certificate/Roll No. Slip _____

a) _____ Examination (Annual/Bi-Annual) Roll No. _____ Year _____
of which the said document is required/applied,

Date _____

Signature of the Candidate

The Identity of the applicant is hereby attested. He/She has signed this application in my presence. It is recommended that document may please be handed over to him personally against receipt.

Signature of Attesting Officer
(with designation Stamp)

REPORT OF THE CASHIER

Fee of Rs. _____ received vide voucher No. _____ Dated _____
for issue of the Marks Certificate/Roll No. Slip _____

Accountant/Cashier
For Assistant Registrar (Accounts)

The application is in order and the document applied for may be issued.

S. No. of the Certificate _____

Dealing Assistant	Head Assistant	S.O. (Exams.)	Assistant/Deputy Registrar (Examinations)
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Received document Personally

Signature of Candidate

The document applied for will be issued within four days after the date of receipt of this application form completed in all respects.