

(in Capital Letter)

For Office Use Only	y
Sr No	. Dated

Latest passport

## APPLICATION FOR ISSUE/AWARD OF PROVISIONAL/ORIGINAL DEGREE/DIPLOMA/CERTIFICATE

(This form is to be filled-in by the student and should be complete in all respects)

Name of Student : .....

Father's Name :				
Mother's Name :				anesied by the
Enrolment Number :				Director of the Study center
Roll No (Last Semester/Final Year )	Exam) :			
Name of Course Passed: (With specialization, if any)	••••••			•••••••
Name of Study Centre/Institute :				
Permanent Address of the candidat	e :			
Street	•••••	City/	Village	
	State Pin			
STD Code Ph	Mob	E-n	nail	
Correspondence Address of the can	38			
		City/Village		
Post District				
STD Code Ph	Mob	E-n	nail	
Name of Examination	Month & Year of Passing	Roll No	Max. Marks & Marks obtained	Document enclosed
Secondary / Matriculation				
Sr. Sec./Intermediate/10+2				
Diploma				
Under-Graduate				
Post-Graduate				
Others				
IASE Mark-Card Ist Sem				
IInd Sem				
IIIrd Sem				
IVth Sem				
Vth Sem				
VIth Sem				
VIIth Sem				
VIIIth Sem				

Applicant should write all information mentioned above correctly and clearly in blue ink only. If any information is written wrongly then the university is not responsible for the loss of information or any document or non-issuance of provisional/original degree.

## Details of Passing Examination of Due Paper (s) (if any)

Name of Paper with Code No.	Semester	Month & Year of Passing	Roll No.					
Declaration by the Student								
I								
(No of Enclosures)		Full S	Signature of Student					
I								
		Signa	ture of Centre Head					
Seal of Study Centre		(Name in full	(Name in full)					
□ Provisional Certificate Fee − Rs.1,000/- □ Original Degree/Diploma/Certificate Fee − Rs.1,500/-(India) & Rs. 4,000/- (Abroad)  Enclosed Draft No								
		ASE University, payable at Sardarshahr/I						
		FICE USE ONLY						
Received Rs vide Draft No Date Bank Name								
		Sig	n. of Accounts Officer					
		ated, issue						
[18] [18] 18 18 18 18 18 18 18 18 18 18 18 18 18								
by courier / speed post no		Dated						
Sign. of Student/Guardian		Sign of	f Concerned Officer					

## APPLICATION FORM – 2 (To be filled by the Student)

(Form found incomplete in any respect will be sent back to the Student, including all documents enclosed)

Name of Student:				
(in Capital Letter) Father's / Mother's Name:				
Enrolment Number :				
Correspondence Address of the	candidate:			
Street		City/Village		
Post District	s	State Pi	n	
STD Code Ph	Mob	E-mail		
Name of Examination	Month & Year of	For Office use only		
	Passing	Self Attested / Notarized	Attached or Not	
Secondary / Matriculation				
Sr. Sec./Intermediate/10+2				
Diploma				
Under-Graduate				
Post-Graduate				
Others				
IASE Mark-Card Ist Sem				
IInd Sem				
IIIrd Sem				
IVth Sem				
Vth Sem				
VIth Sem				
VIIth Sem				
VIIIth Sem				
The document (s) which is/are indivant document(s) within 15 days of dispatched back to the student after	therwise this request w	ill not be processed and the DD	submitted will also be	
Remarks (if any):				
Date :			uthorized Signatory	
Name:				
Address:				
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