Application for issue of Duplicate CERTIFICATE / MARKS CARD / IDENTITY CARD

Read the instructions before filling the Application form UNIVERSITY (Specify whether MAHE / SMU)

1. Applicant's Address	;	2. Study center's Address		
Name:		Center Code		
(In Block letters)		Name:		
Address		Address		
		Address		
Pincode		Pincode		
3. Roll Number				
4. Tel No (with STD code)		5. Email		
6. Request for the issu	e (tick as applicable)			
DUPLICATE CERTIFIC	· · · /	TE MARK CARD DUPLICATE ID CARD		
7 Posson (Indicato bri	efly the reason or obtaining al	hava cartificata):		
	eny the reason of obtaining at			
8. Details of fees paid				
DD / Challan No	DD date	DD Amount (Rs)		
Bank name		Payable at Manipal / Udupi		
Affidavit as per	ed in all semesters and the informat University specimen duly ce dully filled & affixed with photograph			
Place: Date:		Signature of the candidate		
		9. Applicant's address to which the certificate to be sent		
For Office Use		Name:		
Verified by		(In Block letters)		
Documents		Address		
Documents Approved for issue		Address		

	•	Rs 15/- Judicial Stamp paper) University - SMU / MAHE (specify)	
	(name of the studen	t)	deponent
Ι,	, son / daughter of	·	
aged residing at			
solemnly affirm and state as follows			
1. I say that I have lost the origina SMU/MAHE) . I hereby attach the lodged if any)	•		
Reg No	Particular	rs of the certificates lost	
 2. I say that in spite of diligent sear and hence they are taken as lost 3. I say that I have not misused the 4. I say that for the purpose of I need the 5. It is therefore necessary that on by the university. 6. All this is true. 	. If traced, I will produc same and I shall not certified duplic	ce them before the University. misuse the same lif recovered. cates of the said cer	tificates.
Solemnly affirmed and signed befo	re me on this day _	Signature of the DE	
of	Dt		
NOTE:		NOTAR	Y PUBLIC
Application with documents must	be sent to		
Additional Registrar Office of Student Evaluation Sikkim Manipal University 1st Floor, Corporation Bank Buildin MANIPAL - 576 104. Phone:+918204297200.Fax: +91 8 Email: smucontrollerde@manipalu.	20 2573008.		