

INTERNATIONAL DEGREE COLLEGE OF INFORMATION AND TECHNOLOGY

DUPLICATE FORM

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Date of A	ppry : _	/	/	

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APPLICATION FOR	TOTHE OF	DIDI ICATE	MARK SHEET

Instructions:

- 1. Duplicate mark sheet will be issued only in case of lost or destroyed irrevocably.
- 2. The application is to be filled by candidate in English CAPITAL Letters in blue/black ink.)

1. Name of the Ap	plican	t (Mr.	/Ms.)												Pho	otogi	aph	of A _I	plicant
(Write your full na in your Seconda			ed						T											
2.Father's Name																Paste your recent passport size color photograph				
3.Mother's Name																	Do n	ot pir	1 or st	aple
4.Date of Birth	D D	M M	Y	Y	Y	5.	Sex (~) [M	F	6.N	atio	nalit	y						
7. Permanent Add	ress																			
													Pir	ı Co	de					
City		T		T	Τ	T	T	St	ate		$\overline{\Box}$									
8. Contact No./Wh	atsap	p No.	(App	olican	t) [Ť		Τ	Т	丁	Τ	T				Т				
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9. Centre Name																	<u> </u>			
10. Course Name																				
11. Course Code																				
12. Year																				
						FE	E DE	ТА	ILS	8										
Rs. 1,000/- per Mark – give the following detail		s to be p	aid the	ough C	Cash /	Den	iand l	Draf	t (D)	D) or	Debii	t/Cr	edit C	Card.	In ca	se of	fee j	paid	thro	ugh DI
D.D. No.] D	ate								Bı	anc	h [
Demand Draft of Rs. In case of fee paid the											ble at	Hisa	ar							
Date	\prod																			
Please enclose the folloon. Self attested photo congress 3. Self attested photo congress 4. Se	py of C py of Cl py of Co	lass X m ass XII opy of lo	nark sh mark s ost / des	sheet stroyed				ıvaila	able						Sion	afur	e 0.	f Δ 1	nnli	cant

To be executed on Non judical Stamp Paper of Rs. 10/- and to be notarized

AFFIDAVIT FOR ISSUE OF DUPLICATE MARKSHEET

I
Father's Name
Mother's Name
Resident of
Enrollment No.
Course
Semester/Year
Do hereby solemnly affirm as under:
1. That I have lost my mark sheet issued from AICVPS, & request the AICVPS to issue duplicate mark card.
 I undertake that if my lost mark sheet is found, I shall return the same to the AICVPS. I undertake that in case someone misuses my lost mark card, I shall be solely responsible for the same.
Deponent
I above named deponent do hereby solemnly verify that the contents of my above affidavit are true & correct within my knowledge & belief and nothing has been concealed.
Deponent
VERIFICAITON
Signed and verified at Day of Year 20