## APPLICATION FORM FOR DIPLOMA CONSOLIDATED MARK SHEET

REGISTER NUMBER									
NAME OF THE CANDIDATE									
DATE OF BIRTH									
NAME OF THE CANDIDATE									
Sec									
				-	IM	EM	TOTAL	YEAR OF	MARK SHEET
TER	ME		SUBJECT NAME		MARK	MARK	MARK	PASSING	SL.NO.
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SEMES	SCHE	COL	SUBJECT N	AME	IM	EM	TOTAL	YEAR OF	MARK SHEET
TER	ME	NO	3003201 10		MARK	MARK	MARK	PASSING	SL.NO.
Final se	emeste	er Pas	s: Month & year	:: Lov	ver ser	nester	Pass: Mo	onth & yea	ſ
			IFICATE SL.NO.						
DIPLON	IA CER	TIFIC	ATE SL.NO.						

<u>Note</u>: The candidate will be issued consolidated Mark sheet only on providing details of passing all subjects of all semesters and Xerox copies of all mark sheets, Provisional and Diploma Certificate attested by the Principal.

(Signature of the candidate)

(Signature of the Principal)