

**KURUKSHETRA UNIVERSITY, KURUKSHETRA**

**Application Number** : 10265462

**Candidate's Name** : MUSKAN

**Father / Mother's Name** : GURDEV SINGH / NISHA RANI

**University Registration Number** : 21-UD-1210

**Mobile Number / Email ID** : 9306530554 / muskansaini30554@gmail.com

**Document Applied Class** : Bachelor of Pharmacy(Semester-8)  
(2021039054 / May, 2025)

**College Name** : INSTITUTE OF PHARMCEUTICAL  
SCIENCES , KURUKSHETRA  
UNIVERSITY,KURUKSHETRA

**Applied For** : Provisional Certificate

**Fee** : 800

**Fee Transcation ID** :

**Fee Status** : PD

**Application Status** : PD

**Residence Address / Application Sent Address** : VPO - SANGOHI DISTT - KARNAL PINCODE - 132001

**Declaration :**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I certify that all the information given by me is filled upcorrectly. It is found incorrect, I will be responsible for the rejection on my online application form.

I case lost, I am not able to locate my original certificates by the effoil, if original cartificates is found i shall not misuse the same and surrender it to university and not apply for re-evaluation on it.

☐ I Agree

Date : 18/08/2025

A handwritten signature in blue ink that reads 'Muskan'.

Signature of Applicant