

OFFICE OF CONTROLLER OF EXAMINATIONS

APPLICATION FOR PROVISIONAL DEGREE CERTIFICATE

Name of the Candidate	:	
S R N	:	
Program of Study	:	
Course & Branch	:	
Permanent Address (Mailing Address)	:	
Contact No.	:	

Amount : Rs. _____ Challan/Ref. No./UTR No. : _____ Date : _____

DETAILS OF EXAMINATIONS PASSED							
Semester	Month & Year of Passing	First Attempt SGPA		Semester	Month & Year of Passing	First Attempt SGPA	
Overall CGPA				Class Obtained			

Signature of the Candidate

Chairperson

- Fee – **Rs.500/-** if the candidate want to collect in person. Please pay an additional **Rs.100/-** for receiving it by post/courier.
- Pay at **Union Bank of India**, PESIT Branch, Account Number: **589301010050057**, IFSC: **UBIN0558931**, Name of the Account: **PES UNIVERSITY - GENERAL FUND**.

RECOMMENDATION OF THE COE

Mr. /Ms. _____ bearing SRN _____ is a bonafide student of this University furnished by the candidate is correct and the request of the candidate may be favorably considered.

Verified by: _____

Controller of Examinations
(Signature with Date)

Registrar
(Signature with Date)

Vice-Chancellor
(Signature with Date)