

REQUISITION FOR ISSUE OF **DUPLICATE TRANSCRIPTS**

FOR WORK INTEGRATED LEARNING PROGRAMMES (WILP) GRADUATED STUDENTS ONLY

To
The Dean
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Sir,

Kindly issue me the following duplicate certificate(s), My particulars are:

Ref#	TCPC 1005047		
ID.NO.:	2012HZ78513	E-mail	vignesh.vigi.90@gmail.com
Name:	VIGNESWARAN	Phone No. (Off.)	97124143887
Degree Name	M.S. SOFTWARE ENGINEERING	Phone No. (Res.)	97126359497
		Fax No.:	
		Mobile	971562675734

	Copies	Charges	Total Charges
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