APPLICATION FOR EQUIVALENCE CERTIFICATE

To, The Secretary, Maharashtra State Board of Technical Education, 49, Kherwadi, Bandra (East) Mumbai – 400051

Sub: To issue the Equivalence Certificate

Sir,

Date:

(To be filled by the Student)

	I Undersigned kindly request you to issue m	e the Equivalnce Certificate.
Name	e of the Student:	
Addre	ess of Student:	
	Pincode	Phone No
Name	e of Course:	
Mode	e of Learning: Regular / Distance / Correspond	lence
Name	e of the Polytechnic / Institute:	
Type	of Institute: Government / Govt. Autonomous	/ Autonomous / Govt. Aided / Unaided
Year o	of Passing:	
Status	s of Board / University: Government / Private	
1. 2. 3.	 Iments required for Verification and Record Original & attested Xerox copy of Mark List Pharmacy. Original & attested Xerox copy of College Le Original & attested Xerox copy of Provisiona Certificate. Migration Certificate of Concerned State Box 	of all Semester / Years Diploma in Engg. / aving Certificate (Last Attended) l / Final Board Certificate / University
Signat Name		Yours Faithfully,
То Ас	ccount Office	e Omy
Kindly R-010	ly accept the Amount of Rs. 500/- for the Equi $oldsymbol{0}$	valence Certificate.
The al	above Amount is accepted as per the Receipt N	Head Clerk / Superintendent

Cashier / Accountant Signature