



**UNIVERSITY OF PETROLEUM & ENERGY STUDIES  
Dehradun**

**INFORMATION FORM FOR DUPLICATE ID CARD**

**(Kindly fill all the details in Capital Letters only)**

Date: .....

1. Student's Name : .....

(In English Capital Letters – As per 10<sup>th</sup> Class Certificate)

*Recent  
Passport Size  
Colour  
photograph.*

2. Program & Branch : ..... Semester:.....

3. Enrollment Number : 

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| R |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|

4. SAP ID : .....

5. Duration of the Program : From: ..... To: .....

6. Father's/Mother's Name : .....

7. Address (Permanent) : .....

..... City/Distt: ..... State:

..... Pin Code: .....

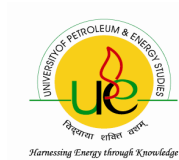
Phone No.: .....

8. Emergency Contact Number : .....

9. Blood Group : .....

10. Date of Birth .....

Specimen Signature of the Student: .....



# UNIVERSITY OF PETROLEUM & ENERGY STUDIES Dehradun

## REQUEST FORM FOR MIGRATION CERTIFICATE

Date: .....

Name of the Candidate (as per 10<sup>th</sup> certificate) : .....

Enrollment No. : .....

SAP ID : .....

Father's Name : .....

Course & Branch : .....

Course Status : Completed / Discontinued

College of Study : .....

Period of Study : From:..... To:.....

Correspondence Address : .....

.....

Contact No. : .....

Email ID : .....

.....  
(Student' Signature)

### FOR OFFICE USE ONLY

Verified by : ..... Issued by : .....

.....

Signature : ..... Signature : .....

.....

Date : ..... Date : .....

.....



# University of Petroleum & Energy Studies, Dehradun

## College of Management & Economics Studies

### NO DUES CERTIFICATE CoMES

SAP ID: \_\_\_\_\_

Name of the Student: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

Programme: \_\_\_\_\_ Batch: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

It is to certify that the above said student has no dues towards our department:

| S. No. | Department/Office  | Dues (if any) | Head of the Department | Signature (with date) | Remarks |
|--------|--|---------------|------------------------|-----------------------|---------|
| 1.     | Hostel   |               |                        |                       |         |
| 2.     | MI Room  |               |                        |                       |         |
| 3.     | Sports Department  |               |                        |                       |         |
| 4.     | Admin. Department  |               |                        |                       |         |
| 5.     | Career Services  |               | H - CSO / CSO          |                       |         |
| 6.     | Computer / IT  |               |                        |                       |         |
| 7.     | Library  |               |                        |                       |         |
| 8.     | Finance  |               |                        |                       |         |
| 9.     | Alumni Registration @ Corporate relations<br>(only for graduating batch) |               |                        |                       |         |

Date: \_\_\_\_\_ Signature of the Student: \_\_\_\_\_

Programme Coordinator: \_\_\_\_\_ Dean (CoMES): \_\_\_\_\_

Submitted at SRE on: \_\_\_\_\_ Received by: \_\_\_\_\_

ID card Submitted/ Not Submitted: \_\_\_\_\_

Last Class Attended:

PEP Attended:

Industrial Tour Attended:



# University of Petroleum & Energy Studies, Dehradun

## College of Legal Studies

### NO DUES CERTIFICATE – CoLS

SAP ID: \_\_\_\_\_

Name of the Student: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_

Programme: \_\_\_\_\_ Batch: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

It is to certify that the above said student has no dues towards our department:

| S. No. | Department/Office  | Dues (if any) | Head of the Department | Signature (with date) | Remarks |
|--------|--|---------------|------------------------|-----------------------|---------|
| 1.     | Hostel   |               |                        |                       |         |
| 2.     | MI Room  |               |                        |                       |         |
| 3.     | Sports Department  |               |                        |                       |         |
| 4.     | Admin. Department  |               |                        |                       |         |
| 5.     | Career Services  |               | H – CSO / CSO          |                       |         |
| 6.     | Computer / IT  |               |                        |                       |         |
| 7.     | Library  |               |                        |                       |         |
| 8.     | Finance  |               |                        |                       |         |
| 9.     | Alumni Registration @ Corporate relations<br>(only for graduating batch) |               |                        |                       |         |

Date: \_\_\_\_\_ Signature of the Student: \_\_\_\_\_

Programme Coordinator: \_\_\_\_\_ Dean (CoLS): \_\_\_\_\_

Submitted at SRE on: \_\_\_\_\_ Received by: \_\_\_\_\_

ID card Submitted/ Not Submitted: \_\_\_\_\_

Last Class Attended:

PEP Attended:

Industrial Tour Attended:



**University of Petroleum & Energy Studies, Dehradun**  
**College of Engineering Studies**

**NO DUES CERTIFICATE-CES**

Name of Student: \_\_\_\_\_ Enrollment No.: \_\_\_\_\_ SAP ID : \_\_\_\_\_

Programme: \_\_\_\_\_ Batch: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

| S. No. | Department / Office  | Dues (if any) | Head of the Department | Signature (with date) | Remarks |
|--------|--|---------------|------------------------|-----------------------|---------|
| 1.     | Physics Lab  |               |                        |                       |         |
| 2.     | Chemistry Lab  |               |                        |                       |         |
| 3.     | Computer Programming Lab   |               |                        |                       |         |
| 4.     | Engineering Workshop Lab   |               |                        |                       |         |
| 5.     | Electrical and Electronics Lab   |               |                        |                       |         |
| 6.     | Concerned Department's Lab   |               |                        |                       |         |
| 7.     | Hostel   |               |                        |                       |         |
| 8.     | MI Room  |               |                        |                       |         |
| 9.     | Sports Department  |               |                        |                       |         |
| 10.    | Administration Department  |               |                        |                       |         |
| 11.    | Career Services  |               | H - CSO / CSO          |                       |         |
| 12.    | Library  |               |                        |                       |         |
| 13.    | IT Department  |               |                        |                       |         |
| 14.    | Finance  |               |                        |                       |         |
| 15.    | Alumni Registration @ Corporate relations<br>(only for graduating batch) |               |                        |                       |         |
| 16.    | Course Coordinator   |               |                        |                       |         |

Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Head of the Department: \_\_\_\_\_

Dean/ Associate Dean (CES): \_\_\_\_\_

Submitted at SRE on: \_\_\_\_\_

Received by: \_\_\_\_\_

ID card Submitted: Yes/No: \_\_\_\_\_

**Details to be filled by Course Co-ordinator:**

Last Class Attended: \_\_\_\_\_

PEP Attended/ Not Attended: \_\_\_\_\_ Industrial Tour Attended/Not attended: \_\_\_\_\_



UNIVERSITY OF PETROLEUM & ENERGY STUDIES  
Dehradun - 248001

To : Controller of Examination  
University of Petroleum & Energy Studies  
Dehradun

**Authority Letter to Collect the \_\_\_\_\_(Documents)**  
**for Program\_\_\_\_\_ Batch \_\_\_\_\_ in respect of Roll**  
**no.\_\_\_\_\_ SAP Id 5000\_\_\_\_\_Name \_\_\_\_\_**

I hereby authorize Mr./Ms./Mrs. \_\_\_\_\_,

R/o \_\_\_\_\_

Telephone No. \_\_\_\_\_ whose three specimen signature are  
appended below, is hereby authorized to collect the Degree Certificate on my behalf  
due to my inability to come personally to collect the same.

\_\_\_\_\_  
Specimen Signature

\_\_\_\_\_  
Specimen Signature

\_\_\_\_\_  
Specimen Signature

Signature of the Student : \_\_\_\_\_

Name of the Student : \_\_\_\_\_

Enrolment of the Student : \_\_\_\_\_

Program & Batch : \_\_\_\_\_

Telephone No. : \_\_\_\_\_

Date \_\_\_\_\_



# UNIVERSITY OF PETROLEUM & ENERGY STUDIES Dehradun

## APPLICATION FORM FOR RE-EVALUATION OF ANSWER SCRIPT

SAP No : 

|   |   |   |   |  |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|--|
| 5 | 0 | 0 | 0 |  |  |  |  |  |  |
|---|---|---|---|--|--|--|--|--|--|

 Last Date of Submission: \_\_\_\_\_

Enrolment No : 

|   |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|
| R |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|

 Programme : \_\_\_\_\_

Name : \_\_\_\_\_ Semester : \_\_\_\_\_

Name of Examination : End Semester/ Supplementary \_\_\_\_\_

Date/Month/Year of examination : \_\_\_\_\_

Mobile No: \_\_\_\_\_ Emergency Contact No: \_\_\_\_\_

| S. No. | Subject Code | Subject Name | Grade obtained in the Subject |
|--------|--------------|--------------|-------------------------------|
| 1      |              |              |                               |
| 2      |              |              |                               |
| 3      |              |              |                               |
| 4      |              |              |                               |
| 5      |              |              |                               |

Re-checking Fee Rs. 250/- per subject

(Enclose copy of the fee-receipt & Grade card)

### UNDERTAKING

I hereby state that this application for re-evaluation of answer script is submitted within a period of fifteen days from the date of declaration of result.

I also understand that re-evaluation imply only to ascertain, whether the marks awarded to various answers have been correctly added and the examiner has evaluated answer to all the questions written by the Examinee.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Course Coordinator

### FOR OFFICE USE ONLY

Result Declared on (Date): \_\_\_\_\_

| S. No. | Course Code | Subject Name | Change in Marks / Grade (Yes/No) | Deviation | Revised Mark /Grade (Yes/No) |
|--------|-------------|--------------|----------------------------------|-----------|------------------------------|
| 1      |             |              |                                  |           |                              |
| 2      |             |              |                                  |           |                              |
| 3      |             |              |                                  |           |                              |
| 4      |             |              |                                  |           |                              |
| 5      |             |              |                                  |           |                              |

Checked by

Verified by

Controller of Examination

Date: \_\_\_\_\_