Page 1 of 2



CLUSTER UNIVERSITY SRINAGAR

Gogji Bagh, Srinagar, Kashmir-190008

APPLICATION FORM FOR ISSUING OF DEGREE CERTIFICATE (In

Advance)

Note: (Before filling up the Form the candidate is directed to read instructions given below carefully, Incomplete in any respect will not be accepted).

- a) Each information/verification/document, etc. sought from the candidate, is an essential requirement for issue of the degree certificate and must therefore be furnished/enclosed, without which no document will be prepared/
- b) Verified for applying under advance degree following documents are required to be attached with the form:-
- (I) Official Letter from Recruiting Agency (II) Admission/Call letter from concerned Educational inst.
- c) All regular candidates will collect their degree Certificate from their respective departments/College.
- d) Refore putting your signature below, please ensure that your 'Name', Parentage' & 'Regd, No.' are correctly

spelled as pe			_				1.										
Name of the candidate (in block letters): Fathers name (in block letters):								Paste (don't or staple) recent passp size photogra	Paste (don't pin or staple) a recent passport size photograph duly attested by HOD/Principal								
																	110b/Fillicipal
3. University	Regis	tratio	n No	o:													
			Day	У	Month		Year										
4. Date of Bi	rth:																
5. Name of t																	
6. Exam roll																	
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7(A) Name of the dept./college/centre																	
9. Residential addresspin																	
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12. Fee of Rs	S		ра	id vid	e re	ceipt	No						_Da	ted_			

Page 2 of 2

REPORT OF THE UNIVERSITY OFFICE

The application has been examined/verified and found in order. The candidate has completed all the required formalities and has satisfied all the requirements of the statutes including the deposition of Fee as prescribed for the purpose.

Dealing Ass (Sig.with n		Head Assistar	nt	ion Offic	cer			stant Controller ertificates)			
CHECK LIST	: (Please tick t	he above or wri	te 'NA' if ı	not ap	plicable						
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ATTENTION (This slip		A C K N O					on for t	aking th	S.No		
TO BE FILLED IN BY THE	Received fi										
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candidate	e. If found inco	n form received mplete/erroned e to be rejected	ous inform								
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University Copy Bank Challan

Dated:	Form NO:					
Name:	Percentage:					
Address:	Contact No:					
Account No: 0005040500047765	Purpose: Issuing Of Degree In Advance					
Amount: Rs.						
Sign. Of Depositor	Bank Seal & Signature					



Cluster University Srinagar ESTABLISHED UNSER JCK STATE LEGISLATURE ACT-III. 2018



Student Copy Bank Challan

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Dated:	Form NO:					
Name:	Percentage:					
Address:	Contact No:					
Account No: 0005040500047765	Purpose: Issuing Of Degree In Advance					
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Sign. Of Depositor	Bank Seal & Signature					

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Cluster University Srinagar ESTABLISHED UNIVER JCK STATE LEGISLATURE ACT-111. 2016



Bank Copy Bank Challan

Dated:	Form NO:					
Name:	Percentage:					
Address:	Contact No:					
Account No: 0005040500047765	Purpose: Issuing Of Degree In Advance					
Amount: Rs.						
Sign. Of Depositor	Bank Seal & Signature					