



CLUSTER UNIVERSITY SRINAGAR

Gogji-Bagh, Srinagar-190008

Website: www.cusrinagar.edu.in

APPLICATION FORM FOR ISSUANCE OF DUPLICATE/ GRADE TRANSCRIPT

PARTICULARS TO BE FILLED IN BY THE CANDIDATE

- 1) Name of the candidate _____
- 2) Father's Name _____
- 3) Registration Number _____
- 4) Documents applied _____
- 5) Permanent address (this should tally with that given by the candidate in his/her admission form for the last examination passed by him/her from this university) _____

- 6) Address for dispatch of the document applied for _____

- 7) Name of the examination of which the marks card Registration Card/ Admission Card is required Examination _____
_____ Roll No _____ Session Annual/Bi-Annual
- 8) Date of publication of NOC in leading newspapers (cuttings to be attached) _____
- 9) For students applying for the issue of copies of Entries Certificate/Attempt Certificates.

Details of Examinations previously appeared in:

Exam.	Roll No	Years/ Session	Result	Division	Attempts in which passed	University

- 10) Name of the College/District (in case of candidates) from which the last examination was passes _____
- 11) Reference to University Receipt No. _____ Dated _____ For Rs. _____
- 12) Reasons for applying for issue of the documents _____

Date _____

Signature of the Candidate: _____

- The identity of the applicant is hereby attested. He/She has signed this application form in my presence. Since he/she is in urgent need of the document applied for it is recommended that the document may please be handed over to him/her personally against receipt or sent to him/her on the address given at item 6 above. The signature of the Candidates is also attested.

Signature of the Principal

(With Designation Stamp)



Cluster University Srinagar
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University Copy Bank Challan / Course Joining Proforma

Dated:	Form NO:
Name:	Percentage:
Address:	Contact No:
Account No: 0005040500047765	Purpose: Duplicate Certificate
Amount: Rs. 300/-	
Sign. Of Depositer Signature	Bank Seal &

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Student Copy Bank Challan / Course Joining Proforma

Dated:	Form NO:
Name:	Percentage:
Address:	Contact No:
Account No: 0005040500047765	Purpose: Duplicate Certificate
Amount: Rs. 300/-	
Sign. Of Depositer Signature	Bank Seal &

-----Cut here -----



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Bank Copy Bank Challan / Course Joining Proforma

Dated:	Form NO:
Name:	Percentage:
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Account No: 0005040500047765	Purpose: Duplicate Certificate
Amount: Rs. 300/-	
Sign. Of Depositer Signature	Bank Seal &