

Signature of the Candidate

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 Assistant
(Sig.with name)

Head Assistant

Section Officer

Assistant Controller
(Certificates)

CHECK LIST: (Please tick the above or write 'NA' if not applicable)

- | | | | |
|--|--------------------------|--|--------------------------|
| 1. N.O.C. from concerned Dept./Director/ College (in case of regular candidates). | <input type="checkbox"/> | 5. Attested Xerox copies of Marks Sheets and Other required documents are enclosed. | <input type="checkbox"/> |
| 2. Office letter from recruiting agency (or) Admission/call letter from concerned Educational institution. (in case of advance degree) | <input type="checkbox"/> | 6. Fee receipt is enclosed with application form (where applicable) | <input type="checkbox"/> |
| 3. Self-attested passport size photograph Duly pasted. | <input type="checkbox"/> | 7. All columns duly filled in and signed | <input type="checkbox"/> |
| 4. Particulars duly verified from Registration Section as per Registration record. | <input type="checkbox"/> | 8. Self-addressed envelope of A4 size (9"x12") With postage stamps worth Rs. 35/- is enclosed. | <input type="checkbox"/> |

Dated: _____

Signature of the candidate

ATTENTION

ACKNOWLEDGEMENT

S.No. _____

(This slip must be produced by the candidate named below at the Certificate Section for taking the documents)

**TO BE
FILLED
IN BY
THE
CANDI
DATE**

Received from:

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An application for issue of Degree/Dip./Merit/Cert. of (Course).....

Exam passed in the year (session/year)

With Exam. Roll No.Regd.No.....

Date of the submission of application.....

IMPORTANT: Application form received from above candidate. If found incomplete/erroneous information on scrutiny later, is liable to be rejected.

Dealing Assistant
(Certificate Section)

Dated: _____



Cluster University Srinagar
ESTABLISHED UNDER J&K STATE LEGISLATURE ACT-III, 2018



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

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



Cluster University Srinagar
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Student 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

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



Cluster University Srinagar
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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