

For Office Use Only

Sr. No. ………………………..Dated……………..

**OPJS** UNIVERSITY CHURU

**APPLICATION FOR ISSUE/AWARD OF ORIGINAL DEGREE/DIPLOMA/CERTIFICATE**

(This form is to be filled –in by the student and should be complete in all respects)

Name of Applicant (in Capital Letter) : ................................................................................................

Name in Hindi :………………………………………………………………………………………………………………..

Father's Name :......................................................................................................................

Name in Hindi :.……………………………………………………………………………………………………………...

Mother's Name :.....................................................................................................................

Enrolment Number :....................................................................................................................

Date of Admission :....................................................................................................................

Roll No. (Last Semester/ Final Year Exam) :..........................................................................................

Name of Course Passed :…..................................................................................................................

(With specialization, if any)

Latest Passport size

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Photograph of the candidate attested by the

Candidate

**Permanent Address of the candidate**:

Street..................................................................................City / Village.............................................................................

Post.................................District..........................................................State......................................Pin............................

STD Code.....................Ph...............................Mob.........................................E-mail..........................................................

**Correspondence Address of the candidate:**

Street..................................................................................City / Village.............................................................................

Post.................................District..........................................................State......................................Pin............................

STD Code.....................Ph...............................Mob.........................................E-mail..........................................................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Examination | Month & Year of  Passing | Roll No. | Max. Marks & Marks obtained | Document enclosed |
| Secondary/Matriculation |  |  |  |  |
| Sr.Sec./ Intermediate /10+2 |  |  |  |  |
| Diploma |  |  |  |  |
| Under-Garduate |  |  |  |  |
| Other................................ |  |  |  |  |
| OPJS Mark-Card Ist Sem/Year |  |  |  |  |
| IInd Sem/Year |  |  |  |  |
| IIIrd Sem/Year |  |  |  |  |
| IVth Sem/Year |  |  |  |  |
| Vth Sem/Year |  |  |  |  |
| VIth Sem |  |  |  |  |
| VIIth Sem |  |  |  |  |
| VIIIth Sem |  |  |  |  |
| IXth Sem |  |  |  |  |
| Xth Sem |  |  |  |  |

Application should write information mentioned above correctly and clearly in blue ink only. if any information is written wrongly then the university is not responsible for the loss of information or any document or non- issuance of original degree.

# APPLICTION FORM-2

## (To be filled by the student)

(Form found incomplete in any respect will be sent back to the student, including all documents)

Name of Student (in Capital Letter) :..................................................................................................................

## Father's Name :...................................................................................................................................

Mother's Name :....................................................................................................................................

Enrolment Number :....................................................................................................................................

Date of Admission :..................................................................................................................................................

## Roll No.(Last Semester/Final Year Exam):....................................................................................................

Correspondence Address of the Candidate...........................................................................................................

Street..................................................................................City / Village.............................................................................

Post.................................District..........................................................State......................................Pin............................

STD Code.....................Ph...............................Mob.........................................E-mail..........................................................

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Examination** | **Month & Year Of Passing** | **Roll No.** | **For Office use only** | |
| **Self Attested/Notarized** | **Attached or Not** |
| Secondary/Matriculation |  |  |  |  |
| Sr.Sec./ Intermediate /10+2 |  |  |  |  |
| Diploma |  |  |  |  |
| Under- Garduate |  |  |  |  |
| Other................................ |  |  |  |  |
| OPJS Mark-Card Ist Sem/Year |  |  |  |  |
| IInd Sem/Year |  |  |  |  |
| IIIrd Sem/Year |  |  |  |  |
| IVth Sem/Year |  |  |  |  |
| Vth Sem/Year |  |  |  |  |
| VIth Sem |  |  |  |  |
| VIIth Sem |  |  |  |  |
| VIIIth Sem |  |  |  |  |
| IXth Sem |  |  |  |  |
| Xth Sem |  |  |  |  |

The document (s) which is/are indicated by 'x', have not been enclosed by the student Pleas submit all relevant document (s) within 15 days otherwise this request will not be processed.

**Remarks (if any) :** ...............................................................................................................................................................................

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Date: ................... Authorized Signatory

Name: .......................................................................................... Name: ..........................................................................................

Address: ...................................................................................... Address: ......................................................................................

.................................................................................................. ...............................................................................................

### Details of Examination of due Paper (s) (if any)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Paper with code No. | Semester | Month & Year of Passing | Roll No. |
|  |  |  |  |

**Declaration by the Student**

I............................................................(Name) hereby certify that the information furnished by me is correct to the best of my knowledge and belief. I also certify that the copies of document duly signed and enclosed by me are true and corrected copies of the originals. In case of any information given by me is found to be false or any certificate enclosed is found invalid or forged, I understand that my admission will be cancelled and all fees paid will be forfeited besides being open to other legal action.

(No. of Enclosures…………………..) Full Signature of Student

### Declaration by the Exam Controller

I. (Name) hereby certify that I Have checked the information furnished in This format with original documents (Copies whereof are enclosed herewith) and they are correct to the best of my knowledge and belief. All the documents submitted by the student are duly signed. Attested and verified by me.

Seal of Exam Controller Signature of Exam Controller

(Name in Full )

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| --- |
| **FOR OFFICE USE ONLY**  Received Rs… …………….Vide Draft No / Recpt No.…………………..………Date ……..……………….. Bank Name………………………………  Towards fee for Original Degree / Diploma / Certificate.  **Signature of Accounts Officer** |
| Certificate No. ……………………………………………..Dated: ………………………………………………issued to the student By hand to  (Name of Student / Guardian)……………………………………..……………………………………………………………………………………………..  Address…………………………………………….………………………………………………………………………………………………………………………….  ………………………….…………………………………………………………....………………………………………………………  **Sign. of Student / Guardian Sign. Of Concerned Officer** |