



Lovely Professional University

Ref. No. _____

Application for Degree in Absentia

Date: 02/SEP/2023

Particulars of Applicant:

Name of Student (In block letters)

C H E N G A N N A G A R I R A V I S A N K A R

Father's Name (In block letters)

C H E N G A N N A G A R I S A N K A R

Registration Number: 11806888 Programme Name and Code: Bachelor of Technology (CSE P132)

Year of passing: 2022 CGPA: 7.52

Postal Address in CAPITAL LETTERS (Please make sure that the address is COMPLETE and CORRECT as the degree will be couriered, to this address, if opted by the student): 1 Door No: 1-140, UNGARALA NAGAR,

2 KODURU, ANDHRA PRADESH,

Pincode: 516101 (Near Narayana school)

Mobile No 7732096437 Alternative Mobile No/Landline No 9949449017

Processing fee: Rs. 2500 + Courier charges of Rs. 500 within India and Rs. 3000 outside India (if applicable; verified from the declaration)

Receipt No. UPI Ref.No. 361171057202 Dated 02/SEP/2023

Reason for applying for Degree in Absentia (Please provide documentary evidence if available)

Due to Long Distance

Brief description of the documents attached (if any):

1. _____ 2. _____
3. _____ 4. _____

DECLARATION

If the Degree in Absentia is collected by the Student in person or through courier:

I declare that all the particulars furnished above are true and request the University authorities to **Issue my Degree certificate / Courier my degree certificate** (*cross whichever is not relevant*). I am enclosing the following ID proof (along with proof issued by LPU):

a) Aadhar

b) ID proof issued by LPU (Mandatory) ID Card

I understand that the University will not be responsible for any damage or loss of degree certificate in transit or otherwise.

C. Ravi Sankar

Signature of candidate

e-mail: **ravishankar2248@gmail.com**

Date: 02/SEP/2023

Contact number(s) (with country code):

+91 7732096437, +91 9949449017

DECLARATION

If the Degree in Absentia is collected by a person Authorized by the student:

Name of the Authorized person: _____

Relationship with the student _____

Address of the Authorized person: _____

Phone No. and Email ID of the Authorized person _____

**Attested
Photograph of
Authorized Person**

I declare that the particulars furnished above are true and request the University authorities to issue my degree certificate to the above mentioned. I enclose the following ID proofs:

- a) ID proof of authorized person (with photo; original to be produced at the time of collection of degree from the University): _____
- b) Student's ID proof (with photo) _____

I understand that the University will not be responsible for any damage or loss of degree certificate.

Signature of candidate

Date: _____

e-mail:

Contact number(s) (with country code):