NAGINDAS KHANDWALA COLLEGE OF COMMERCE, ARTS AND MANAGEMENT STUDIES AND SHANTABEN NAGINDAS KHANDWALA COLLEGE OF SCIENCE

(Autonomous)

APPLICATION FOR DUPLICATE MARKSHEET

DATE:/			G.R. / I.D. NO.:	
TO, The Principal				
Respected Madam,	•••••	icate Marksheet. As I lo	 st my Original mark	sheet
I hereby request you to issue me Duplicate Marksheet. As I lost my Original marksheet I required Marksheet				
CLASS	SEMESTER	EXAM SEAT NO.	REGULAR / A.T.K.T	EXAM MONTH & YEAR
NAME OF THE APPLICA	NT :		l	
ADDRESS:				
CONTACT NO.:				
SIGNATURE OF THE STU	JDENT:			
NOTE:- PLEASE ATTACH	РНОТОСОРУ О	F REQUIRED MARKSHEI	ET [IF AVAILABLE]	
EXAM INCHARGE :				
MISC. RECEIPT NO. MARKSHEET NO.				/
DOCUMENTS OF BE ATT	TACHED : ORIGIN	NAL AFFIDAVIT ON 100		ND ORIGINAL F.I.R. COPY.