Sri Satya Sai University of Technology and Medical Sciences, Sehore

University Established by M.P. Legislature Act No. 06/2014 and Duly Recognized by UGC U/S 2(F)

APPLICATION FOR ISSUE OF DEGREE CERTIFICATE

To,
The Registrar,
Sri Satya Sai University of Technology and Medical Sciences,
S.H. -18 , Bhopal-Indore Road,
Sehore (M.P.)
Pin Code – 466001

Sir ,

With due to respect I would like to bring in your notice that I have completed ………………..(Name of the Examination from ………………………(Name of Department) of Sri Satya Sai University of Technology and Medical Sciences .I want to get my degree certificate . I have already paid the prescribed fee of Rs…………... through the bank Challan no. ……………… dated ……………………….. .Copy in support of my payment is attached herewith. Information to be furnished toward University is as follows.

- Name of the student (In English) : ……………………………………………………………………
- Name of the student (In Hindi) : ……………………………………………………………………
- Father/ Husband Name (In English):……………………………………………………………………
- Father/ Husband Name (In hindi):……………………………………………………………………
- Year of Higher Secondary passed :……………………………… Result…………………………………
- Last examination passed from University :………………………………………………………………

   (Attach attested copy of Marksheet)

- Year of last examination passed from University:……………………… Roll No………………………...

   Result………………… ………………….. Total marks obtained……………….Division ……………

           I hereby declare that all the information contained in this application form is in accordance with facts or truths to my knowledge. I have not hidden any information. Please send the Degree certificate at following address .

Signature of the Examinee   ………………………………………

Address of Correspondence   ………………………………………

………………………………….

...………………………………..

…………………………………..

Pin Code   …………………………………..

To be filled by Applicant for Verification from Examination Department

Roll no …………….…………. Enrollment no…………….. Name of Examination………………………

private/regular…………………Department of University………………………………………………………..

Examination centre……………………….... Result………………Marks obtained……………Division………..

Above information matched from array sheet then sent to Academic department.

……………………   ………………….. …   ……………………………

Junior Superintendent   **Senior Superintendent**   **Assistant Registrar**

                                                                        (Examination)

Academic Department for Degree Section

After the verification from Examination Department, Degree Certificate to be prepared and sent to the Applicant's Address.

Assistant Registrar

(Academic)

Details of Degree Certificate Dispatched

Dispatch No. of Degree Certificate   …………………………….

Degree Certificate No .   …………………………….   Date…………………….

Senior Superintendent

(Academic)