

OFFICE OF THE DEPUTY CONTROLLER OF EXAMINATIONS
AMRITA SCHOOL OF ENGINEERING, COIMBATORE – 641 112
APPLICATION FOR ISSUE OF DUPLICATE CERTIFICATE

Certificate for which applied for * : Details of payment made

Degree & Branch :	Demand Draft No.:
College through which Studied / Studying :	D. D. Date :
	Bank :
	Amount paid Rs. :

1. Name of the Student :
2. Register Number :
3. Sex :
4. (a) If applying for duplicate Statement of Grades/
Marks, fill in the Month and Year of Exam for
Which statement is required. :
- (b) If applying for duplicate degree certificate,
Fill the :
 - i. Month and Year in which qualified for the
degree :
 - ii. Date of convocation in which the degree
was conferred :
- (c) If applying for duplicate provisional
certificate / consolidated statement of grades /
marks fill in the Month & Year of last
appearance in which qualified for the degree. :
5. Circumstances under which the certificate was lost :
6. Whether the prescribed affidavit has been enclosed
with the application :
7. Address to which the certificate is to be sent :
8. E-mail ID & Phone Number :

Place :

Date :

Signature of the Candidate

FOR OFFICE USE ONLY

Certificate issued on :	Prepared by :
Folio No. :	Examined by :

Date on which the D.D. was
sent to Finance Section :

Deputy Controller of Examinations

* Write as Degree Certificate / Statement of Grades / Marks
Provisional Certificate / Consolidated Statement of Grades / Marks.

(for instructions see over leaf)

INSTRUCTIONS

1. Duplicate certificate will be issued only when it is lost or destroyed irrevocably.
2. Application should be made **only by the candidate in the prescribed format** and should be sent to the Deputy Controller of Examinations directly. **Application received on behalf of the candidate** will not be accepted.
3. The following documents should be enclosed along with the application.
 - (a) an affidavit giving the circumstances under which the original certificate was lost.

The affidavit should be duly executed before the Notary Public on a Non-judicial Rs.50/- stamp paper.
 - (b) Self – addressed, stamped envelope (for Registered Post).
 - (c) Xerox copy of the grades / marks statement / certificate for which duplicate is required (if available)
 - (d) The demand draft.
 - (e) For those who apply for Degree Certificate.
 - (i) FIR – Original
 - (ii) The candidate has to provide the full address of the company / organization where he/she works/worked when he/she lost the certificate.
4. Application should be completed in all respect. Failure to furnish correct details may cause delay in the issue of the certificate.
5. The fee for the issue of **Duplicate Grade Sheet Rs.500+18% GST (Rs. 590/-)**.
Consolidated Grade Sheet or Transcript Rs.1000+18% GST(Rs. 1180/-) and for **Degree Certificate Rs.2500+18% GST (Rs. 2950/-)**.
6. The fee should be paid in the form of demand draft in favour of “**AMRITA VISHWA VIDYAPEETHAM**” Payable at **Coimbatore**.
7. Fees once paid will not be refunded nor adjusted for any other certificate under any circumstances.
8. Duplicate Certificate is to be surrendered to the University immediately if the Original Certificate is recovered.

DUPL - AFFID

AMRITA VISHWA VIDYAPEETHAM, Coimbatore – 641 112

AFFIDAVIT TO BE FILED FOR ISSUE OF DUPLICATE CERTIFICATE

Affidavit of Thiru / Selvi _____

1. I _____ Son / Daughter of
_____ aged _____ Years,
an old student / student of _____ Degree of _____
college with Register number _____ and residing at _____

do hereby solemnly and sincerely state as follows.

2. My (i) * Statement of Grades / Marks issued relating to the Examinations held during _____

(ii) * Degree certificate issued at the Convocation held on _____

(iii) * Provisional Certificate / Consolidated Statement of Grades / Marks

issued by the AMRITA VISHWA VIDYAPEETHAM has irrevocably been lost / destroyed.

3. I file this affidavit for the purpose of receiving duplicate certificate.

4. I will return immediately the duplicate certificate(s) to the AMRITA VISHWA
VIDYAPEETHAM once my original certificate(s) is / are recovered by chance.

5. The facts stated are true and correct to the best of my knowledge and if found false by the
AMRITA VISHWA VIDYAPEETHAM, I shall abide by the decision of the University.

Place :

Date : _____ Signature of the Candidate _____

Solemnly affirmed

At _____ (place)

This _____ day of _____ 200 _____

And his / her signature is affixed in my presence.

Notary Public

Address :

Office Seal :

*delete which is not applicable