

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FOR DUPLICATE GRADE STATEMENT

1. Name of the student :
2. Register Number :
3. Degree & Branch :
4. Sex :
5. (a) if applying for duplicate statement of Grade, fill the Month and year of Exam for which Grade statement is Required :
6. Circumstances under which the certificate was lost :
7. Whether the prescribed affidavit has Been enclosed with the application :

Place:

Signature of the Candidate

Date:

FOR OFFICE USE ONLY

Certificate issued on : Prepared by :

Folio No. : Examined by :

Payment details ;Rs. Receipt No: Date:

Controller of Examinations