Office of the Controller of Examinations

KPR Institute of Engineering and Technology



REQUEST FORM FOR DEGREE CERTIFICATE

(In Absentia during the Graduation Day) Output Information						
STUDENT INFORMATION						
Reg. No.			Name of the	he		
			Student			
Department			Batch			
Reason for not					1	
Attending the						
Graduation Day						
Signature of the Student						
Student						
CLEARANCE FROM THE DEPARTMENT						
Any Dues in the						
Department?		YES NO				
Signature of the						
Professor / HoD						
110103301 / 1101				Seal		
Name of the Pro	fessor				Seal	
/ HoD						
				_		
	(Nan	ne in Block Letters only	y)	D	Department Seal / HoD Seal	
CLEARANCE FROM THE ACCOUNTS SECTION						
Any Dues in the						
					(Seal)	
College Fees?		YES	NO			
College Fees?		YES Please Tick	NO		Seal of the Accounts Section	
	the	,	NO Name of the	he	Seal of the Accounts Section	
		,			Seal of the Accounts Section	
Signature of Account Office	er /	,	Name of the Accounts	Officer /		
Signature of	er /	,	Name of the	Officer /	Seal of the Accounts Section (Name in Block Letters only)	
Signature of Account Offic Accounts Manag	er / cleal	,	Name of the Accounts Accounts SE STUDENT	Officer / Manager	(Name in Block Letters only)	
Signature of Account Offic Accounts Manage	er / cleal	Please Tick RANCE FROM TH	Name of the Accounts Accounts E STUDENT Transfer	Officer / Manager	(Name in Block Letters only) RS SECTION	
Signature of Account Offic Accounts Manage Course Completic Certificate	er / cleal	Please Tick	Name of the Accounts Accounts E STUDENT Transfer Certifica	Officer / Manager	(Name in Block Letters only)	
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