

REQUEST FORM FOR DEGREE CERTIFICATE

(in Absentia during the Graduation Day)

Date:

STUDENT INFORMATION			
Reg. No.		Name of the Student	
Department		Batch	
Reason for not Attending the Graduation Day			
Signature of the Student			

CLEARANCE FROM THE DEPARTMENT		
Any Dues in the Department?	<input type="checkbox"/> YES <input type="checkbox"/> NO <small>Please Tick</small>	
Signature of the Professor / HoD		<div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; margin: 0 auto; text-align: center; line-height: 50px;">Seal</div> Department Seal / HoD Seal
Name of the Professor / HoD	(Name in Block Letters only)	

CLEARANCE FROM THE ACCOUNTS SECTION			
Any Dues in the College Fees?	<input type="checkbox"/> YES <input type="checkbox"/> NO <small>Please Tick</small>		<div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; margin: 0 auto; text-align: center; line-height: 50px;">Seal</div> Seal of the Accounts Section
Signature of the Account Officer / Accounts Manager		Name of the Accounts Officer / Accounts Manager	(Name in Block Letters only)

CLEARANCE FROM THE STUDENTS AFFAIRS SECTION			
Course Completion Certificate Issued?	<input type="checkbox"/> YES <input type="checkbox"/> NO <small>Please Tick</small>	Transfer Certificate (TC) Issued?	<input type="checkbox"/> YES <input type="checkbox"/> NO <small>Please Tick</small>
Signature of the Students Affairs		Name of the Students Affairs Officer	(Name in Block Letters only)

TO BE FILLED BY COE OFFICE			
COE Reception	In Time	Out Time	Sl. No. of the Degree Certificate:
ACOE / Addl. COE / COE :			Received the Degree Certificate: