

VIDHAYADEEP UNIVERSITY
APPLICATION FORM FOR OBTAINING THE CERTIFICATE

To,
The University Office.

Application No. _____

Name of Student: _____ Enrollment Number: _____

Name of Institute: _____

Name of Degree: _____ Specialization: _____

In case of pass out students Last Exam Appeared Details:

1. Name of Exam: _____ 2. Exam Seat No.: _____

3. Passing Month/Year: _____

To receive document in presentia: 07 days from the date of application

To receive document by post (Postal Address): [Extra Rs.100/- for packaging, handling, postal/Courier charges]

Give complete contact detail in table

(Capital Letters)	
PIN:	
Contact No. : (M)	(R)
Email Id :	

Mode of Payment made:

1. CASH _____ [Receipt Number: _____]

2. D.D. _____ [In favor of Vidhyadeep University]

Demand Draft No.: _____ Name of Bank: _____

Date: _____ Amount: _____ (In Word _____)

3. Online Transfer/Debit Card: To Current A/C Number: 02840200001290, IFSC Code: BARB0KIMXXX, Bank of Baroda, Kim. (A) Receipt No./Transaction I.D. (UTR No.) _____ (B) Amount (Rs.): _____ email: certificate@vidhyadeepuni.ac.in

(Please attach signed form, copy of receipt of payment made)

✓ tick marks the documents in the table below.

Type of Documents		Attach supporting documents
Document Verification of Grade Card/Marks Card	Transcript	D.D/ Receipt of Online or CashPayment.
Document Verification of Provisional Certificate	Migration Certificate	
Document Verification of Teaching Scheme	Progress Report	*HSC/SSC Mark sheet
Document Verification of Detail Syllabus	Rank Certificate	
Document verification of Degree Certificate	Gold Medal Certificate	
Correction in Grade Card / Marks Card*	Language Certificate	*Original Mark sheets with wrong Name.
Duplicate Migration Certificate	Duplicate Degree Certificate	
Duplicate Grade Card/ Marks Card	Duplicate Transcript	
Other Certificate (Please Specify)		Necessary Documents, on demand.

Date: _____

Signature of Applicant

FOR UNIVERSITY OFFICE USE ONLY

Application Checked by

Office Record Verified By

Approved/ Not Approved

Recommendation of CoE.

Asst. Registrar- Exam

Registrar

Certificate Issued on: ___/___/_____

Signature of Student: _____

Issue Details:

Receiver's Name & Signature:

Dated: