



श्री चन्द्रशेखरेन्द्र सरस्वती विश्वमहाविद्यालयः
SRI CHANDRASEKHARENDRA SARASWATHI VISWAMAHVIDYALAYA
(University established under section 3 of the UGC act 1956)
Enathur Kanchipuram – 631561
Tel:044-27264306 E-mail:coe_scsvmv@yahoo.co.in

Date:

Application form for Provisional Certificate

1. Name of the Student :
2. Register Number :
3. Name of the Course :
4. Month & Year of Final Exam Passed :
5. Name of the Centre :
6. Fees Particulars :
 - a. Amount : Rs.300/-
 - b. Bank Chalan / D.D.No. :
 - c. Name of the Bank :
 - d. Date :

Place :

Date :

Signature of the Student

Forwarded to the Controller of Examinations

Place:

Date :

Signature of the HOD / Officer i/c / Principal.

For use of C.O.E. Section

Application received on :

Issued on :

Disposal no :

Prepared

Verified

Controller of Examinations.



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Date:

Application form for Consolidated Grade Sheet

1. Name of the Student :
2. Register Number :
3. Name of the Course :
4. Month & Year of Final Exam Passed :
5. Name of the Centre :
6. Fees Particulars :
 - a. Amount : Rs.500/-
 - b. Bank Chalan / D.D.No. :
 - c. Name of the Bank :
 - d. Date :

Place :

Date :

Signature of the Student

Note: Xerox Copies of all semester Grade sheets should be attached along with application.

Forwarded to the Controller of Examinations

Place:

Date :

Signature of the HOD / Officer i/c / Principal.

For use of C.O.E. Section

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