

Dr.BAMU 86/5.2004/5,000 (F-2)

Dr. Babasaheb Ambedkar Marathwada University

APPLICATION FOR A CERTIFICATE OF PASSING /MERIT INTERNSHIP

To,
The Registrar,
Dr. Babasaheb Ambedkar Marathwada University,
Aurangabad. (Dn.)

I beg to request you to supply me with a certificate testifying the fact to my having passed the----- examination held by the Dr. Babasaheb Ambedkar Marathwada University in the month of -----200
I give below all the necessary particulars.

Name in Full

Beginning with Surname) } -----

Address -----

Seat No. ----- Centre -----

Optional subjects (if any) -----

Class obtained -----

College -----

Your faithfully,

Date -----

(Applicant 's Signature)

N.B: A Passing Certificate will be supplied on payment of Rs.25/- in advance . The Certificate will dispatched to the address given by the applicant, at applicant's risk by the ORDINARY POST if so desired

(To be filled by the Office)

Received Rs. 25/- vide Receipt No.-----of-----200

Passing Certificate No----- issued on-----

Clerk in Charge

