



NIMS UNIVERSITY
DIRECTORATE OF DISTANCE EDUCATION

REQUISITION FORM
DUPLICATE DOCUMENT(S)

NOTE- THE OFFICE WILL NOT BE LIABLE FOR ANY DELAY CAUSED BY INCOMPLETE FILLED FORM AND INSUFFICIENT DOCUMENTS.					APPLICATION No (For Office Use): <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>												
1. NUGLRC NAME				2. NUGLRC CODE													
3. STUDENT'S NAME																	
4. FATHER'S NAME																	
5. REQUIRED DUPLICATE DOCUMENT(S)																	
(a) MARK SHEET		<input type="checkbox"/>	(b) PROVISIONAL CERTIFICATE		<input type="checkbox"/>												
(c) MIGRATION CERTIFICATE		<input type="checkbox"/>	(d) TRANSCRIPT		<input type="checkbox"/>												
(e) ID CARD		<input type="checkbox"/>	(f) DEGREE/DIPLOMA		<input type="checkbox"/>												
6. PARTICULARS OF THAT DOCUMENT(S) FOR WHICH THE DUPLICATE IS REQUIRED																	
PROGRAMME NAME	APPEARING YEAR	SESSION/YEAR OF PASSING (MM/YYYY)	ENROLLMENT NO.	ROLL NO.	MARKS OBTAINED	RESULT											
	First Year	<input type="checkbox"/>															
	Second Year	<input type="checkbox"/>															
	Third Year	<input type="checkbox"/>															
	Final Year	<input type="checkbox"/>															
7. FEE DETAILS: (Note-DD should be drawn in favour of NIMS University, Payable at Jaipur.)																	
DD NO.	AMOUNT	NAME OF BANK AND LOCATION			DATE (MM/DD/YYYY)												
8. ADDRESS (Where the Duplicate Document(s) to be delivered including ZIP code)																	
Mob No.:		Land Line Ph. No.(with STD Code):		Email ID:													
9. DECLARATION:																	
I hereby certify and declare that the information given in the Application is complete and accurate to the best of my knowledge. I understand and agree that misrepresentation or omission of facts will justify the cancellation of my Requisition Form. I abide to all the terms & conditions of the University.																	
Date (MM/DD/YYYY):				Signature of Applicant:													
10. DOCUMENT(S) ATTACHED:																	
(i) Demand Draft [(s) if the documents is more than one] of requisite fee for each document (as on website).					<input type="checkbox"/> YES	<input type="checkbox"/> NO											
(ii) Self attested photocopy (ies) of that document for which duplicate is required.					<input type="checkbox"/> YES	<input type="checkbox"/> NO											
(iii) FIR (First Information Report) or NCR copy.					<input type="checkbox"/> YES	<input type="checkbox"/> NO											
(iv) Affidavit on Rs. 50/- stamp paper deposing the fact for which duplicate document(s) required.					<input type="checkbox"/> YES	<input type="checkbox"/> NO											
FOR OFFICE USE ONLY																	
1. CHECK LIST:		Received <input type="checkbox"/> Not Received <input type="checkbox"/>		Received <input type="checkbox"/> Not Received <input type="checkbox"/>													
(a) FIR or NCR copy		Comment (if any)		(b) Affidavit		Comment (if any)											
(c) Form Status		Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>		Received <input type="checkbox"/> Not Received <input type="checkbox"/>													
		Reason (if any):		(d) Requisite fee		Comment (if any)											
2. REQUISITION FORM RECEIVED ON: ___/___/___				RECEIVED BY													
3. DUPLICATE DOCUMENT(S) PREPARED ON: ___/___/___				SERIAL NO. <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>													
4. DUPLICATE DOCUMENT(S) DELIVERED		5. DATE OF DELIVERY: ___/___/___		6. TRACKING NO. <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>													
BY POST <input type="checkbox"/>		*BY HAND <input type="checkbox"/>															
7. SIGNATURE OF NDDE OFFICIAL: Comment (if any):																	
* Signature of Applicant: (if deliver by hand):																	
DATE: ___/___/___				SIGNATURE:													