

NIMS UNIVERSITY RAJASTHAN, JAIPUR DIRECTORATE OF DISTANCE EDUCATION

REQUISITION FORM PROVISIONAL CERTIFICATE

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NOTE- THE OFFICE WILL I	NCOMPLETE FILLE	APPLICATION No (For Office Use):								
1. STUDENT'S NAME										
2. FATHER'S NAME										
3. PARTICULARS OF THE	EXAMINATION(S	S)FOR WHICH THE	PROVISIO	NAL IS REQUIRE	ED					
PROGRAMME NAME	APPEARING YI	SESSION/V	EAR OF	AR OF ENROLLMENT NO		ROLL NO.		MARKS OBTAINED	RESULT	
First Year Second Year Third Year										
		<u> </u>								
		빌								
	Final Year									
4. 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)			
5. ADDRESS (Where the Provisional certificate is to be delivered including ZIP code)										
Mob No.:	La	and Line Ph. No.(with S	STD Code):	Email ID:		ID:				
6. 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 Provisional Certificate. I abide to all the terms & conditions of the University. Date (MM/DD/YYYY): Signature of Applicant:										
. DOCUMENT(s) ATTACHI	ED:									
 (i) Self attested photocopy of 10th (High School) Certificate. (ii) All other self attested educational documents i.e. 12th, Graduation, Post Graduation, Diploma etc (iii) Demand Draft of requisite fee (Rs. 4000). (iv) Self attested photocopy of all year(s) Mark sheets of that programme for which the Provisional Certificate is required. 										
FOR OFFICE USE ONLY										
1. CHECK LIST:	Received Not Received			(b) Requisite fee: Received		Not Received				
(a) Self attested documents	Comment (if any) .				Comment (if a	Comment (if any)				
Approved Not Approved										
(c) Form Status Reason (if any):										
2. PROVISIONAL FORM RECEIVED ON://				RECEIVED BY						
3. PROVISIONAL CERTIFICATE PREPARED ON://				SERIAL NO.						
4. PROVISIONAL CERTIFICATE DELIVERED: BY POST *BY HAND 5. DATE OF DELIVERED: 5. DATE OF DELIVERED:				Y:/ 6. TRACKING NO.						
7. SIGNATURE OF NDDE OFFICIAL: Comment (If any):										
* Signature of Applicant: (if deliver by hand):										
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