

APPLICATION FOR ISSUE OF DUPLICATE MARKS CARD

TO,

**THE REGISTRAR (EVALUATION)
KARNATAK UNIVERSITY,
VISHWACHETAN BUILDING,
PAVATE NAGAR, DHARWAD-580 003**

Sir,

Kindly arrange to issue me the duplicate Marks Card for my ready reference and to use it for my career.

PARTICULARS:

NAME (IN CAPITAL LETTERS): _____

NAME OF THE EXAMINATION PASSED: _____ Reg.No _____

YEAR OF PASSING: _____ MONTH OF PASSING: _____

NAME OF THE EXAMINATION CENTRE: _____

CENTRE CODE No: _____ CLASS OBTAINED: _____

POSTAL ADDRESS:

NAME: _____

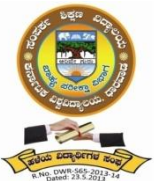
At & Post: _____

Pin code: _____ Mobile No. _____

**I, HAVE REMITTED Rs.210 /- THROUGH ON LINE OF SBI PROVIDED THROUGH YOUR WEB SITE WWW.kud.ac.in
{On line receipt is enclosed herewith}**

Date:-

Signature of the Candidate



THIS APPLICATION FORM IS UPLOADED IN SUPPORT OF STUDENTS OF SCHOOL OF CORRESPONDENCE EDUCATION

BY

**ALLUMNI ASSOCIATION
SCHOOL OF CORRESPONDENCE EDUCATION, K.U.DHARWAD-3**