

# APPLICATION FOR ISSUE OF STUDY CERTIFICATE-cum-ATTENDENCE CERTIFICATE/DUPLICATE REGISTRATION CERTIFICATE

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TO,

THE DIRECTOR,  
SCHOOL OF CORRESPONDENCE EDUCATION,  
KARNATAK UNIVERSITY,  
VISHWACHETAN BUILDING,  
PAVATE NAGAR, DHARWAD-580 003

Sir,

Kindly arrange to issue my STUDY CERTIFICATE / DUPLICATE REGISTRATION and my particulars are as under:

**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: \_\_\_\_\_

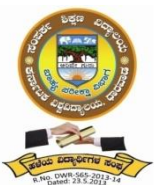
Pin code: \_\_\_\_\_ Mobile No. \_\_\_\_\_

I, HAVE REMITTED Rs.350 /- THROUGH ON LINE OF SBI PROVIDED THROUGH YOUR WEB [www.kud.ac.in](http://www.kud.ac.in)  
or <http://kudsce.in> (On line receipt is enclosed herewith)

Date:-

Signature of the Candidate

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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