



For Office Use Only

Sr No..... Dated

APPLICATION FOR ISSUE/AWARD OF PROVISIONAL/ORIGINAL DEGREE/DIPLOMA/CERTIFICATE

(This form is to be filled-in by the student and should be complete in all respects)

Name of Student :

(in Capital Letter)

Father's Name :

Mother's Name :

Enrolment Number :

Roll No (Last Semester/Final Year Exam) :

Name of Course Passed :

(With specialization, if any)

Name of Study Centre/Institute :

Permanent Address of the candidate :

Street **City/Village**.....

Post **District** **State** **Pin**

STD Code **Ph.** **Mob.** **E-mail**

Correspondence Address of the candidate (for dispatch of documents) :

Street **City/Village**.....

Post **District** **State** **Pin**

STD Code **Ph.** **Mob.** **E-mail**

Latest passport size photograph of the candidate attested by the Director of the Study center

Name of Examination	Month & Year of Passing	Roll No	Max. Marks & Marks obtained	Document enclosed
Secondary /Matriculation				
Sr. Sec./Intermediate/10+2				
Diploma				
Under-Graduate				
Post-Graduate				
Others				
IASE Mark-Card Ist Sem				
IIInd Sem				
IIIrd Sem				
IVth Sem				
Vth Sem				
VIth Sem				
VIIth Sem				
VIIIth Sem				

Applicant should write all information mentioned above correctly and clearly in blue ink only. If any information is written wrongly then the university is not responsible for the loss of information or any document or non-issuance of provisional/original degree.

Details of Passing Examination of Due Paper (s) (if any)

Name of Paper with Code No.	Semester	Month & Year of Passing	Roll No.

Declaration by the Student

I.....(name) hereby declare that the information furnished by me is correct to the best of my knowledge and belief. I also certify that the copies of document duly signed and enclosed by me are true and corrected copies of the originals. In case of any information given by me is found to be false or any certificate enclosed is found invalid or forged, I understand that my admission will be cancelled and all fees paid will be forfeited besides being open to other legal action.

(No of Enclosures.....)

Full Signature of Student

Declaration by the Centre Head

I.....(name) hereby certify that I have checked the information furnished in this format with original documents (copies whereof are enclosed herewith) and they are correct to the best of my knowledge and belief. All the documents submitted by the student are duly signed, attested and verified by me. I understand that anything found incorrect shall be viewed as breach of trust and open to legal action.

Signature of Centre Head

Seal of Study Centre

(Name in full.....)

Provisional Certificate Fee – Rs. 500/-

Original Degree/Diploma/Certificate Fee – Rs.3,000/-(India) & Rs. 4,000/- (Abroad)

Enclosed Draft No..... Date..... Name of Bank.....

Demand draft should be made in favour of **Registrar, IASE University**, payable at **Sardarshahr/Delhi** only.

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Received Rs..... vide Draft No..... Date..... Bank Name.....
 towards fee for Provisional / Original Degree/Diploma/Certificate.

Sign. of Accounts Officer

Certificate No. dated....., issued to the student
by hand to (name of student / guardian)
 Address.....

by courier / speed post no..... Dated.....

Sign. of Student/Guardian

Sign. of Concerned Officer

APPLICATION FORM – 2

(To be filled by the Student)

(Form found incomplete in any respect will be sent back to the Student, including all documents enclosed)

Name of Student:
(in Capital Letter)

Father's / Mother's Name :

Enrolment Number :

Correspondence Address of the candidate:

Street **City/Village**.....

Post **District** **State** **Pin**

STD Code **Ph.** **Mob.** **E-mail**

Name of Examination	Month & Year of Passing	For Office use only	
		Self Attested / Notarized	Attached or Not
Secondary /Matriculation			
Sr. Sec./Intermediate/10+2			
Diploma			
Under-Graduate			
Post-Graduate			
Others			
IASE Mark-Card Ist Sem			
IInd Sem			
IIIRD Sem			
IVth Sem			
Vth Sem			
VIth Sem			
VIIth Sem			
VIIIth Sem			

The document (s) which is/are indicated by 'X', have not been enclosed by the student. Please submit all relevant document(s) within 15 days otherwise this request will not be processed and the DD submitted will also be dispatched back to the student after deducting Rs. 70/- towards courier / speed post charges.

Remarks (if any):

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Date :

Authorized Signatory

Name: Name:

Address: Address:

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