

To,
The Controller of Examination,
NIILM University, Kaithal

Sir,
Kindly issue the documents as per the details given below.

| | |
|----------------------------|--|
| Registration number | |
| Course | |
| Candidate name | |
| Father's / Guardian's name | |
| E-mail ID | |
| Contact number | |
| Address for communication | |
| | |
| | |

Details of documents :

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

Date of submission of application :(valid for 30 days)

Student's Signature

| Sr. No. | Clearance from | Authorized Signatory | Date |
|---------|-----------------------|----------------------|------|
| 1. | Course Coordinator | | |
| 2. | Library | | |
| 3. | Hostel | | |
| 4. | Accounts | | |
| 5. | Admission (Fee) | | |
| 6. | Admission (Documents) | | |
| 7. | GGGS Coordinator | | |

Approved by

Issued by

Received by