

- **USE BLUE/BLACK INK ONLY**
- **FILL THE FORM IN BLOCK LETTERS**

Name of the Student : _____
 Father's Name : _____
 Course Name : _____
 Registration No. : _____

Marks Detail : Out of Maximum Marks

Semester	MO	MM
I		
II		
III		
IV		
V		

Semester	MO	MM
VI		
VII		
VIII		
IX		
X		

(Self attested copy of above Marksheets, Migration, Character and Provisional Certificate issued by NIILM University to be submitted along with this application)

Total Duration of Course (In years): _____

Correspondence Address

PIN CODE _____

CITY _____ STATE _____ STD CODE _____

PH. No. _____ MOB. No. _____

E-MAIL _____

Permanent Address

PIN CODE _____

CITY _____ STATE _____ STD CODE _____

PH. No. _____ MOB. No. _____

E-MAIL _____

Place: _____

Date: ____ / ____ / ____

Signature of the Student

Note: Student will be charged Rs. **2000/-** for issue of Degree Certificate

For office use

Request received on : _____

Details of Payment : _____

Degree Certificate Issued on : _____

Authorised Signatory : _____