



UTKAL UNIVERSITY OF CULTURE

Sanskriti Vihar, Madanpur, Bhubaneswar-752054

Phone – (0674) 2972313, E-mail: mailboxuuc@gmail.com Website : www.uuc.ac.in

APPLICATION FORM FOR ISSUE OF

- | | | | |
|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | DEGREE CERTIFICATE | <input type="checkbox"/> | MARK SHEET-CUM-PROVISIONAL CERTIFICATE |
| <input type="checkbox"/> | DUPLICATE DEGREE CERTIFICATE | <input type="checkbox"/> | DUPLICATE MARK SHEET-CUM-PROVISIONAL CERTIFICATE |
| <input type="checkbox"/> | CORRECTED DEGREE CERTIFICATE | <input type="checkbox"/> | CORRECTED MARK SHEET-CUM-PROVISIONAL CERTIFICATE |

(tick mark which is required)

1. Name of the applicant : _____
(in capital letters) (copy of HSC should be enclosed)
2. Name of the examination : _____
3. College/Deptt. from which appeared : _____
- 4.(a) Year of Examination : _____
- (b) Roll No. allotted in the above : _____
said examination
- (c) Registration number allotted : _____
by the University

(Photocopy of the Registration Receipt/Marks Sheet/Degree Certificate/Admit Card should be enclosed in case of issue of duplicate)
(In case of correction of Degree Certificate/Marks Sheet, the original copy of the said certificate should be enclosed.) (In case of correction of spelling of the name, a photocopy of the Class X/HSC Certificate be enclosed)

5. Whether affidavit from : YES / NO
Executive Magistrate enclosed
(only in case of issue of duplicate degree certificate and mark sheet)
6. Particulars of fees paid : Rs. _____
(No fees for correction of certificates) Rupees _____
(Challan No. & Date) : _____
7. Complete Postal Address : _____
with Mobile Number : _____
(if required to be sent by post please : _____
enclose a self-addressed envelope with : _____
required postage stamp) : _____
8. Details of correction needed : _____

Signature of the candidate

