



# NEHRU ARTS AND SCIENCE COLLEGE

(An Autonomous Institution affiliated to Bharathiar University )  
 (Reaccredited with "A+" Grade by NAAC, ISO 9001:2015 & 14001:2004 Certified  
 Recognized by UGC with 2(f) & 12(B), Under Star College Scheme by DBT, Govt. of India)  
 Nehru Gardens, Thirumalayampalayam, Coimbatore - 641 105, Tamil Nadu.



## APPLICATION FOR THE ISSUE OF DUPLICATE CERTIFICATE

1. Duplicate Certificate required ( Provide Details) :
2. Name of the Candidate :
3. Register Number :
4. Degree of Study :
5. Branch :
6. Period of Study :
7. Gender :
8. (a) If applying for duplicate statement of Marks,  
fill in the Month and year of exam, for which  
mark statement was issued. :
- (b) If applying for duplicate Consolidated statement  
of marks, fill in the Month & Year of last  
appearance in which qualified for the degree :
9. Circumstances under which the certificate  
was lost / destroyed :
10. Whether the prescribed affidavit has been  
enclosed with the application? :

Cash Counter

Fee Paid : Rs. \_\_\_\_\_

Seal

Place :

Date :

Signature of the Candidate

### FOR OFFICE USE ONLY

Certificate issued on :	Prepared by :
M.S. No. :	Examined by :
Receipt Number and date :	Controller of Examinations :



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## AFFIDAVIT TO BE FILED FOR ISSUE OF DUPLICATE CERTIFICATE

Affidavit of Thiru / Selvi \_\_\_\_\_

1. I \_\_\_\_\_ son / daughter of \_\_\_\_\_  
 aged \_\_\_\_\_ years, an old student / student of \_\_\_\_\_  
 College with Register number \_\_\_\_\_ and residing at \_\_\_\_\_

\_\_\_\_\_ do hereby solemnly and sincerely state as follows.

2. My (i) \_\_\_\_\_ (degree) statement of marks issued relating to the examinations held during \_\_\_\_\_ (ii) Consolidated statement of marks issued by the Nehru Arts and Science College (Autonomous) has irrevocably been lost / destroyed.
3. I fill this affidavit for the purpose of receiving duplicate certificate.
4. The duplicate Certificate shall be returned to the College once my original certificate/s is / are recovered by chance.
5. The facts stated are true and correct to the best of my knowledge and if found false by the Institution, I shall abide by the decision of the Institution.

Solemnly affirmed

at (place) \_\_\_\_\_

this (date) \_\_\_\_\_ day of

(month) \_\_\_\_\_ and

his / her signature affixed in my presence.

Signature of the Candidate

Before me

Place :

Date :

**Notary Public / Principal**

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Seal :