

**UTKAL UNIVERSITY**  
**APPLICATION FORM FOR ISSUE OF DUPLICATE REGISTRATION RECEIPT**  
*( To be filled in by the candidate )*

1. Name of the Candidate .....
2. Name of the Father .....
3. Date of birth .....
4. Name of the College  
affiliated to this University  
where first admitted or  
whether admitted as Private  
student. ....
5. Year of admission .....
6. Class to which admitted .....
7. University Registration No. ....

Date .....

.....  
*(Signature of the candidate)*

Address .....

.....  
\*Mobile- .....