

UTKAL UNIVERSITY

APPLICATION FORM FOR ISSUE OF MERIT CERTIFICATE (To be filled in by the candidate)

The Controller of Examinations,

		Utkal University, Vani Vihar, Bhubaneswar-75	1004.			
Si	r,					÷
		I furnish below the particulars about mysel	f and reque	est that a Merit	Certificate	may be issued
in	my	favour.				
	1.	Name of the Candidate (In Block Capital)				
	2.	Roll Number in the Examination	*****************			******************************
	3.	Registration Number as a student of		•		
		this University.			******************	
	4.	The name of the Examination	****************		*******************************	***********************
	5.	Subject		*************************	******	*******************************
		(Annual or Supplementary. Year & Month)		4.		
	6.	College from where appeared	***************************************	***************************************		*********************
	7.	Division, Class, Ordinary Pass, Honours and or				
		Distinction if any obtained.	***************************************			.
	8.	Rank / Position	*****			*********************
	9.	Total Marks	***************************************	***********************	*****************	************************
		Date				
			A dalmann	(Signature of		

					IVIQQUe-	
To be filled in by the candidate :		To be filled in by the Receiving Officer				
		lumber			•	
		of the Examination with		Daie		***************************************
Year and Month				RECEIVING	GOFFICER	