



GONDWANA UNIVERSITY, GADCHIROLI

[Established by Government of Maharashtra Notification No.MISC-2010/[252/10] UNI -4 Dated 27th Sept.2011
State University Governed by Maharashtra University Act,1994]

[EXAMINATION SECTION]

APPLICATION FOR DUPLICATE MARKSHEET

Date: _____

DIRECTOR,
BOARD OF EXAMINATION & EVALUATION
GONDWANA UNIVERSITY, GADCHIROLI

Subject: Application for Duplicate Marksheet.

Sir,

Kindly issue me Duplicate Marksheet as per my details given below.

1] Full Name : _____ [As per University record]

2] Mother's Name: _____

3] Name Of Examination: _____ Roll No: _____ Sum/Wint _____

_____ Roll No. _____ Sum/Wint _____

_____ Roll No: _____ Sum/Wint _____

4] Name Of the College: _____

5] Name Of the Centre/Centre No. _____

6] Number Of total Subjects _____ Total Papers: _____ Result: Pass/Fail _____

7] Whether applied/Passed in revaluation : Yes/ No _____

8] Reason Of applying for Duplicate Marksheet : _____

9] Affidavite on Rs:100/- Stamp Paper [Self Declaration]

10] University Cash Receipt No. : _____

Date: _____ [Amount Rs:110/- Per Copy]

11] Enclosed : Xerox Copy Of Marksheet, Affidavite

12] Permanent Address with Pin code No:

Pin Code: _____

Mobile No.: _____

Signature Of Student

Name: _____
