



Ref No.

Date:

To

The Controller of Examinations

C T University, Ludhiana

Subject: Request for DMC / Degree / Provisional Degree Certificate / Degree in absentia / Transcript / Name correction (Please tick which is applicable)

Request for.....

Student Details

Registration No.		Student Name	
Father Name		Mother Name	
School Name		Program	
Specialization (if any)		Session	
Admission Batch		Pass out Year	

Checklist/Attachment/Supporting Documents (Mandatory)

- | | | |
|-----------------------------------|--|---|
| No Dues <input type="checkbox"/> | Fee Receipt (if <input type="checkbox"/> | Xth Marksheet for |
| For any documents | Applicable) | Correction in Name <input type="checkbox"/> |
| ID Proof <input type="checkbox"/> | All DMC for <input type="checkbox"/> | Final DMC for Provisional |
| For any documents | Transcript | Degree <input type="checkbox"/> |

*For correction in name, issued document (original) need to be submitted with this application.

Student Signature with Date:

-----SCHOOL SECTION -----

Checked By

Academic Coordinator Name and Signature with Date

Verified By

Head of School/CS/EC Name and Signature with Date.....

-----STUDENT SECTION -----

Reference No.....

Receiver Name.....

Date.....

Signature.....