



OPJS
UNIVERSITY
CHURU

For Office Use Only
Sr No.Dated.....

APPLICATION FOR ISSUE/AWARD OF ORIGINAL DEGREE/DIPLOMA/CERTIFICATE

(This form is to be filled –in by the student and should be complete in all respects)

Name of Student :
(in Capital Letter)
Father's Name:
Mother's Name:
Enrolment Number:.....
Date of Admission:.....
Roll No.(Last Semester/Final Year Exam) :.....
Name of Course Passed :
(With specialization, if any)
Permanent Address of the candidate:
Street.....City/Village.....
Post.....District.....State.....Pin.....
STD Code.....Ph.....Mob.....E-mail.....
Correspondence Address of the candidate.....
Street.....City/Village.....
Post.....District.....State.....Pin.....
STD Code.....Ph.....Mob.....E-mail.....

Latest
Passport size
photograph of
the candidate
attested by
the
candidate

Name of Examination	Month & Year of Passing	Roll No.	Max. Marks & Marks obtained	Document enclosed
Secondary/Matriculation				
Sr.Sec./ Intermediate /10+2				
Diploma				
Under-Garduate				
Other.....				
OPJS Mark-Card Ist Sem/Year				
IInd Sem/Year				
IIIrd Sem/Year				
IVth Sem/Year				
Vth Sem/Year				
VIth Sem				
VIIth Sem				
VIIIth Sem				
IXth Sem				
Xth Sem				

Application should write information mentioned above correctly and clearly in blue ink only. if any information is written wrongly then the university is not responsible for the loss of information or any document or non-issuance of original degree.

APPLICATION FORM-2

(To be filled by the student)

(Form found incomplete in any respect will be sent back to the student, including all documents)

Name of Student :
 (in Capital Letter)
 Father's Name:.....
 Mother's Name:.....
 Enrolment Number:.....
 Date of Admission:.....
 Roll No.(Last Semester/Final Year Exam):.....
 Correspondence Address of the Candidate.....
 Street.....City/Village.....
 Post.....District.....State.....Pin.....
 STD Code.....Ph.....Mob.....E-mail.....

Name of Examination	Month & Year Of Passing	Roll No.	For Office use only	
			Self Attested/Notarized	Attached or Not
Secondary/Matriculation				
Sr.Sec./ Intermediate /10+2				
Diploma				
Under- Graduate				
Other.....				
OPJS Mark-Card Ist Sem/Year				
IInd Sem/Year				
IIIrd Sem/Year				
IVth Sem/Year				
Vth Sem/Year				
VIth Sem				
VIIth Sem				
VIIIth Sem				
IXth Sem				
Xth Sem				

The document (s) which is/are indicated by 'x', have not been enclosed by the student Pleas submit all relevant document (s) within 15 days otherwise this request will not be processed.

Remarks (if any) :

Date: Authorized Signatory

Name: Name:
 Address: Address:

Details of Examination of due Paper (s) (if any)

Name of Paper with code No.	Semester	Month & Year of Passing	Roll No.

Declaration by the Student

I.....(Name) hereby certify that the information furnished by me is correct to the best of my knowledge and belief. I also certify that the copies of document duly signed and enclosed by me are true and corrected copies of the originals. In case of any information given by me is found to be false or any certificate enclosed is found invalid or forged, I understand that my admission will be cancelled and all fees paid will be forfeited besides being open to other legal action.

(No. of Enclosures.....)

Full Signature of Student

Declaration by the Exam Controller

I.....(Name) hereby certify that I Have checked the information furnished in This format with original documents (Copies whereof are enclosed herewith) and they are correct to the best of my knowledge and belief. All the documents submitted by the student are duly signed, attested and verified by me.

Seal of Exam Controller

Signature of Exam Controller

(Name in Full.....)

FOR OFFICE USE ONLY

Received Rs.....Vide Draft No.....DateBank Name.....

Towards fee for Original Degree/Diploma/Certificate.

Signature of Accounts Officer

Certificate No.Dated.....issued to the student

By hand to (Name of Student/Guardian).....

Address.....

Sign.of Student/Guardian

Sign. Of Concerned Officer