Excel GROUP INSTITUTIONS

Pallakapalayam – 637 303

APPLICATION FOR OBTAINING ORIGINAL CERTIFICATES

College Name (Capital Letters)	
Name (Capital Letters)	
Roll No.	
University Register No.	
Department	
Semester and year	
List of original certificates required 2. 4.	1. 3. 5.
Purpose	
Signature of the Class Advisor	
Signature of the HOD	
Signature of the Principal	
Date of returning the original Certificates	

Note:

1. Application for obtaining Original Certificate will be accepted between 4.30 pm to 5.30 pm in all working days.

2. Original Certificate will be issued within two days time.

Received the Certificate   Director (Technical)

Signature of the student with date

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For office use only:

> Certificate issued on ....   So ....
> Certificate received back on ....   So ....