MAULANA AZAD NATIONAL INSTITUTE OF TECHNOLOGY, BHOPAL
Office of Controller of Examination
Office: 0755 4051030, 4051031, 4051032, Email: coe@manit.ac.in

DEGREE FORM

To,
The Controller of Examination,
MANIT, BHOPAL (M.P.) 462003

I, the undersigned request you to issue the Degree Certificate.

The necessary fee Rs _____ has been deposited in the form of Bank Draft/e- Receipt State Bank Collect Payment Receipt (in favour of MANIT, Bhopal)/ Cash receipt No_____ Dated _____

NAME of the Candidate

NAME MIDDLE NAME SURNAME

Name of the Candidate in HINDI_____

Father's Name

Address for Correspondence

Pin Code		Mobile No	

Examination last appeared /Passed		Branch	

year		DIVISION/GGPA		Scholar Number	

Course (B. Tech/B .Arch/M. Tech/ M. Plan/ MCA/ MBA/ Ph. D/MUDP)
I hereby undertake that I will maintain decorum and will strictly adhere to the convocation timings.

Yours faithfully,

Date_____

Place: _____

(Name and Signature of applicant)

Certificate to be recorded by Controller of Examination

Certified that the eligibility for award of Degree Certificate has been checked with the original of concerned Certificates, mark sheet, office of record of institution and found correct. The candidate may be issued the desired certificate.

Signature of Controller of Examination

Note

1. Please enclose copy of the first to final year self-attested mark sheets.
2. Degree fees Rs. **500/**- Postal charge Rs **100**/- (if required)
3. Duplicate degree fees Rs. **1000**/-
4. FIR copy for duplicate degree.
5. Original Affidavit for Duplicate. Degree.