



St. Anne's Degree College for Women
Halasuru, Bangalore-560 008

Application for Certificate

Date: _____

Name of the Student: _____

Register No : _____ Combination _____

Name of the Parent: _____

Religion : _____ Caste: _____

Date of Birth : _____ Year of Admission _____

Res. Address : _____

Phone No: _____

CERTIFICATE REQUIRED

- | | | | |
|--------------------------|-------------------------------------|-----------------------------------|-------------------------------------|
| 1. Bonafide Certificate | <input type="checkbox"/> | 5. Provisional Degree Certificate | <input checked="" type="checkbox"/> |
| 2. Character Certificate | <input checked="" type="checkbox"/> | 6. Fee Bifurcation | <input type="checkbox"/> |
| 3. No Due Certificate | <input type="checkbox"/> | 7. No objection Certificate | <input type="checkbox"/> |
| 4. Transfer Certificate | <input checked="" type="checkbox"/> | 8. Duplicate Fee Challan | <input type="checkbox"/> |

Reason: _____

Signature of the Student

Signature of the Parent

(OFFICE USE)

No Due Certification

	Signature with date	Remarks
Accountant		
Librarian		
Staff in charge		

Fee Paid Details

Rs. _____ Date _____ Receipt No: _____

PRINCIPAL



St. Anne's Evening College

Halasuru, Bangalore-560 008

Application for Certificate

Date: _____

Name of the Student: _____

Register No : _____ Combination _____

Name of the Parent: _____

Religion : _____ Caste: _____

Date of Birth : _____ Year of Admission _____

Res. Address : _____

Phone No: _____

CERTIFICATE REQUIRED

- | | | | |
|--------------------------|-------------------------------------|----------------------------------|-------------------------------------|
| 1. Bonafide Certificate | <input type="checkbox"/> | 5. Course Completion Certificate | <input checked="" type="checkbox"/> |
| 2. Character Certificate | <input checked="" type="checkbox"/> | 6. Fee Bifurcation | <input type="checkbox"/> |
| 3. No Due Certificate | <input type="checkbox"/> | 7. No objection Certificate | <input type="checkbox"/> |
| 4. Transfer Certificate | <input checked="" type="checkbox"/> | 8. Duplicate Fee Challan | <input type="checkbox"/> |

Reason: _____

Signature of the Student

Signature of the Parent

(OFFICE USE)

Fee paid Receipt No: _____ Rs. _____ Dated _____

Signature of the Staff in charge

Librarian

PRINCIPAL