

OFFICE OF THE CONTROLLER OF EXAMINATIONS
ANNA UNIVERSITY, CHENNAI – 600 025

APPLICATION FOR ISSUE OF DUPLICATE CERTIFICATE

Certificate which applied for*	---	Details of payment made
Degree / Branch	---	Demand Draft No:
College through which Studied / Studying	----	Date :
		Bank :
		Amount paid Rs.:

1. Name of the Student ---
2. Registration Number ---
3. Sex ---
4. (a) If applying for duplicate Statement of Marks / Grade Sheet, fill in the Month and Year of Exam for which Statement of Marks / Grade Sheet is required ---
- (b) If applying for duplicate Degree Certificate, fill the
 - (i) Month and Year in which qualified for the Degree ---
 - (ii) Date of Convocation in which the Degree was conferred ---
- (c) If applying for duplicate Provisional Certificate/ Consolidated Statement of Marks / Grades fill in the Month & Year of last appearance in which qualified for the Degree ---
5. Circumstances under the certificate was lost ---
6. Whether the prescribed declaration has been enclosed with the application ---
7. Address to which the certificate is to be sent ---

Place:

Date:

SIGNATURE OF THE CANDIDATE

FOR OFFICE USE ONLY

Certificate issued on :	Prepared by :
Folio No. :	Examined by :
Date on which the D.D. was sent to Finance Section :	CONTROLLER OF EXAMINATIONS

* Write as Degree Certificate / Statement of Marks / Grade Sheet
Provisional Certificate / Consolidated Statement of Marks / Grades
(Please see Instructions)

INSTRUCTIONS

1. Duplicate certificate will be issued only when it is lost or destroyed irrevocably.
2. Application should be made **only by the candidate in the prescribed format** and should be sent to the Controller of Examinations directly. **Application received on behalf of the candidate** will not be accepted.
3. The following documents should be enclosed along with the application.
 - a) Declaration explaining the circumstances under which the original certificate was lost.

The declaration should be duly executed in the prescribed format before the witness of two persons with full postal address.
 - b) self - addressed stamped envelope (for Registered Post).
 - c) photocopy of the Statement of Marks / Grade Sheet / Degree Certificate for which duplicate is required (if available).
 - d) the Demand Draft.
 - e) Photocopy of Aadhaar Card / Driving License / Voter ID Card
4. Application should be completed in every respect. Failure to furnish correct details may cause delay in the issue of the certificate
5. The fee for the issue of various certificate is as follows:

a. Statement of Marks / Grade Sheet	--	Rs. 300/- each
b. Provisional Certificate	--	Rs. 1,000/- up to Convocation. No Provisional Certificate will be issued after the Convocation.
c. Consolidated Statement of Marks /Grades	--	Rs. 1,000/-
d. Degree Certificate	--	Rs. 3000/-
6. The fee should be paid in the form of Demand Draft drawn in favour of the "CONTROLLER OF EXAMINATIONS, ANNA UNIVERSITY, CHENNAI" payable branch at Chennai.
7. Fee once paid will not be refunded or adjusted for any other certificate under any circumstances.
8. Duplicate Certificate is to be surrendered to the University immediately if the Original Certificate is recovered later.

CONTROLLER OF EXAMINATIONS

DECLARATION TO BE FILED FOR ISSUE OF DUPLICATE CERTIFICATE

Declaration of Thiru / Selvi.....

1. I..... Son / Daughter of
.....aged..... Years,
an old student / student of... Degree of
college with Register number.....and residing at.....
.....

do hereby solemnly and sincerely state as follows.

2. My (i)* Statement of Marks / Grade Sheet issued relating to the Examinations held during
(ii)* Degree Certificate issued at the Convocation held on.....
(iii)* Provisional Certificate / Consolidated Statement of Marks / Grades issued by the
Anna University has irrevocably been lost / destroyed.

3. I file this declaration for the purpose of receiving duplicate certificate.

4. I will return immediately the duplicate certificate(s) to the University once my original certificate(s)
is / are recovered later.

5. The facts stated are true and correct to the best of my knowledge and if found false by the University,
I shall abide by the decision of the University.

Place :

Date :

SIGNATURE OF THE CANDIDATE

Witness (1) Name : _____

Signature : _____

Address : _____

Witness (2) Name : _____

Signature : _____

Address : _____

