

DIRECTORATE OF DISTANCE EDUCATION

Integral University, Lucknow

APPLICATION FORM FOR THE ISSUE OF DUPLICATE MARKS CARD

Enrollment Number (As on the ID Card)	UDESC Code	Programme	Semester/Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of the Student as registered with the University

Father's / Husband's Name

Complete Correspondence Address (Do not repeat the name)

e-mail Address	STD	Phone / Cell	PIN Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Demand Draft No.	Date	Amount	Name of the Bank
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(The Demand Draft of Rs. 250/- (Two Hundred Fifty Rupees only) per Marks Card in favour of **Integral University A/c DDE payable at Lucknow**)

Reason (Indicate briefly the reason for issue of duplicate Mark Card)

- Affidavit as per University specimen duly verified by Notary Public.
- Public Notice published in Newspaper/s regarding lost Marks Card (Attach Original Copy)

Declaration

I here by declared that all the information given by me in this Form are true/correct to the best of my knowledge and belief. I have attached all required documents and Demand Drafts with this Form.

Date: _____
Place: _____ Signature of the Student

Co-ordinator Use Only

UDESC Code	Phone / Cell	e-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

It is certified that all the information mentioned by the student in this form are correct as per the record.

Date: _____
Place: _____ Seal & Signature of the Co-ordinator

For Office use Only

Enrollment No.: _____	DD No.: _____
Date of Receiving: _____	DD Amount: _____
Sent for Verification to: _____	Issuing Branch: _____ Issuing Date: _____

**DIRECTORATE OF DISTANCE EDUCATION
INTEGRAL UNIVERSITY, LUCKNOW**

Format on the Affidavit (Of Rs. 10/- judicial stamp paper)

(Following affidavit is to be enclosed with the application Form duly notarified)

AFFIDAVIT

I, _____ son / daughter of _____

Aged _____ residing at _____

solemnly affirm and state as follows:

1. I declare that I have lost the original testimonial as detailed below:

Roll No.	Course	Particulars of the Original Testimonial Lost					
		Sem. 1	<input type="text"/>	Sem. 2	<input type="text"/>	Sem. 3	<input type="text"/>
		Sem. 4	<input type="text"/>	Sem. 5	<input type="text"/>	Sem. 6	<input type="text"/>
	For Semester Pattern						
	For Yearly Pattern	Year 1	<input type="text"/>	Year 2	<input type="text"/>	Year 3	<input type="text"/>

2. I declare that in spite of diligent search I am unable to trace the originals of that aforesaid document and hence they are lost. If traced I will produce them before the University.
3. I declare that I have not misused the same and I shall not misuse the same if recovered.
4. It is therefore necessary that on the strength of this affidavit certified duplicates are issued to me by the university.
5. The information and declaration is true to my knowledge and consciousness.

Date: _____


Place: _____

Witness

Signature: _____

Name: _____

Address: _____

 Signature of Deponent