DIRECTORATE OF DISTANCE EDUCATION

Integral University, Lucknow

APPLICATION FORM FOR THE ISSUE OF DUPLICATE MARKS CARD

Enrollment Number (As on the ID Card) Program	Semester/Year						
Name of the Student as registered with the University							
Father's Name							
Complete Correspondence Address (Do not repeat the name)							
e-mail Address STD	Phone / Cell PIN Code						
Demand Draft No. Date Amount	Name of the Bank						
(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)							
<u>Declaration</u> 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						
For Office use Only							
Enrollment 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			
l,		S	on / daughter of			
solemnly affirm and	state as follows		as detailed below:			
Roll No.	Course	Particulars of the Original Testimonial Lost				
		Sem. 1	Sem. 2	Sem. 3		
For Semester Pattern		Sem. 4	Sem. 5	Sem. 6		
For Yearly	Pattern	Year 1	Year 2	Year 3		
Date:		Place: _	nowledge and consciousne			
Signature:				√ Signate	ure of Deponent	
Address:						