



**SRI SHAKTHI**  
**INSTITUTE OF ENGINEERING AND TECHNOLOGY**  
**COIMBATORE – 641 062**

Autonomous Institution, Accredited by NAAC with “A” Grade  
Office of the Controller of Examinations



**APPLICATION FOR ISSUE OF DUPLICATE CERTIFICATE**

Sl. No.	Details	To be filled by Candidate
1	<b>Name of the Student</b>	
2	<b>Registration Number</b>	
3	<b>Gender</b>	
4	<b>Duplicate of which Grade sheet required</b> (Statement of Grades/ Consolidated Statement of Grades)	
5	<b>(a) If applying for duplicate Statement of Grade Sheet, fill in the Month and Year of Exam for which Statement of Grade Sheet is required</b>	
	<b>(b) If applying for duplicate Consolidated Statement of Grades, fill in the Month &amp; Year of last appearance in which qualified for the Degree</b>	
6	<b>Reason for applying duplicate grade sheet</b> (Lost/Damaged)	
7	<b>Circumstances under the certificate was lost</b>	
8	<b>Whether the prescribed declaration has been enclosed with the application</b>	
9	<b>Address</b>	
10	<b>Mobile No. / Email id :</b>	

I solemnly declare that the particulars filled in by me are correct and in case of any discrepancy found therein, I shall be responsible for the consequences.

Place :

Signature of the Candidate

Date :

Forwarded

HoD

Controller of Examinations

**DUPLICATE GRADE SHEET RECEIVED**

Certificate Serial No.:	Folio No.:
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Date :

Signature of the Candidate

**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) Consolidated Statement of Grade / Grade Sheet issued relating to the Examinations held during .....

(ii) Degree Certificate issued at the Convocation held on.....

(iii) Consolidated Statement of Grade / Grade Sheet issued by the college 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 college 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 College,

I shall abide by the decision of the College.

Place :

Date :

**SIGNATURE OF THE CANDIDATE**

**Witness (1)**

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Witness (2)**

Name : \_\_\_\_\_

Signature : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_