



# GURU NANAK DEV ENGINEERING COLLEGE, LUDHIANA

An Autonomous College u/s 2(t) and 12(8) of UGC Act,1956  
AICTE Approved, Affiliated to IKG Punjab Technical University, Jalandhar

Form no. AS/TV(V.II)

Date \_\_\_\_\_

Assistant Registrar (Academics)

Subject: Issue of Certificate(s)

Sir,

I \_\_\_\_\_ S/D/o Mr. \_\_\_\_\_ &Mrs. \_\_\_\_\_

Class Roll No. \_\_\_\_\_ University Roll No. \_\_\_\_\_ Branch \_\_\_\_\_ am a student of  
B.Tech./BCA/BBA/M.Tech./MBA/MCA/PhD. Please issue me following requested certificate(s).

Sr. No.	Tick Required Certificate(s)	*Applicable Fee(Rs.) If any																
1	<input type="checkbox"/> Bonafide Certificate	20/-																
2	<input type="checkbox"/> Character Certificate	20/-																
3	<input type="checkbox"/> CGPA Conversion	20/-																
4	<input type="checkbox"/> #Fee Structure	20/-																
	<table border="1"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> </tr> <tr> <td>Tick the applicable semester</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			1	2	3	4	5	6	7	8	Tick the applicable semester						
	1	2	3	4	5	6	7	8										
Tick the applicable semester																		
5	<input type="checkbox"/> Tuition Fee	20/-																
	<table border="1"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> </tr> <tr> <td>Tick the applicable semester</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			1	2	3	4	5	6	7	8	Tick the applicable semester						
	1	2	3	4	5	6	7	8										
Tick the applicable semester																		
6	<input type="checkbox"/> Semester Promotion Certificate	20/-																
	<table border="1"> <tr> <td></td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>7</td> <td>8</td> </tr> <tr> <td>Tick the applicable semester</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			1	2	3	4	5	6	7	8	Tick the applicable semester						
	1	2	3	4	5	6	7	8										
Tick the applicable semester																		

Hosteller / Day Scholar \_\_\_\_\_

\*To be deposited in Accounts Branch

#Purpose of fee structure certificate \_\_\_\_\_

(Signature of Student)

Student's Mobile No. \_\_\_\_\_

Student's E-Mail ID \_\_\_\_\_

## For Department Office Use Only

Forwarded for necessary action.

Signature of department Clerk

Signature of Head of Department

Note: This form must be submitted in the respective Department office for further submission to the Academic Section. The student will collect the desired certificate(s) from the department office only.