VLB JANAKIAMMAL COLLEGE OF ARTS AND SCIENCE: AUTONOMOUS
KOVAIPUDUR, COIMBATORE – 42
Re-Accredited with 'A' Grade by NAAC. An ISO 9001:2015 Certified Institution

APPLICATION FOR DUPLICATE CERTIFICATE

1. Duplicate of which Certificate* required
   (i) Statement of Marks   **:** Yes/No

Semester					
I	II	III	IV	V	VI

   (ii) Consolidated Statement of Marks **:** Yes/No

2. Name of the Candidate   **:**

3. Register Number   **:**

4. Programme   **:**

5. Branch   **:**

6. Period of study   **:**

7. If applying for duplicate statement of
marks, fill in the Month and year of exam. **:**

8. Circumstances under which the certificate
was lost/destroyed   **:**

9. Whether the prescribed affidavit has
been enclosed with the application.   **: Yes/No**

10. Fees paid (enclose copy of receipt)

Place**:**

Date:

Signature of the Candidate

Signature of the HOD   **Controller of Examinations**

AFFIDAVIT TO BE FILLED FOR ISSUE OF DUPLICATE CERTIFICATE

Affidavit of Thiru / Selvi…………………………………………………………………………..

1. I…………………………………………………………………………………………............
son / daughter of …………………………………..aged…….……………........years, an old
student / student of …………………………………………….……...college with register
number ………………………………….and residing at ……………………………………...
street………………………………………………………………………….................
do hereby solemnly and sincerely state as follows.

2. My ………………………….(degree) statement of marks / Consolidated statement of marks
issued by VLB Janakiammal College of Arts And Science Coimbatore – 42 has irrevocably been
lost / destroyed.

3. I fill this affidavit for the purpose of receiving duplicate certificate.

4. The duplicate Certificate shall be returned to the College once my original certificate /s is / are
   recovered by chance.

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

Solemnly affirmed

at (place) _____
this (date_____day of   Signature of the Candidate
(month)_____
and his / her signature affixed in my presence.

                                                         Before me

Place:

Date:

                                  Notary Public / Principal
                                  Address _____

                                  _____

                                  _____
                                  Office Seal:

    * delete which is not applicable.