MANONMANIAM SUNDARANAR UNIVERSITY, TIRUNELVELI-12

Application for Consolidated Certificate of Marks

Course	Major	Register No.	College Code

. Name of the	Candidate with ini	tials in English (in Block	k Letters) :-	
Sex: M	F	T		
Name of the	College:			
Month and	Year of Passing:			
Address for	Communication:			
	Pin code	e		
Mobile No.				
Email ID: _				
. Payments De	etails:			
Amount	Challan/DD No	Place of the Bank	Name of the Bank	Date
Enclosure:	•	semester Statement of M valence of subjects from (niversity
		tement of other Universit		-
Date:		Sig	nature of the Candid	late
Office	Seal & Date	Sig	nature of the Princi	nal