COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY

Application for Degree/Diploma Certificate

(You are requested to submit both pages of the application. Please read the Instructions overleaf <u>carefully</u>, before filling this form. All the fields should be filled in with utmost care. Incomplete Application will be summarily rejected)*

Date of Academic Council :

(To be filled by Academic Section)

1	Name of the applicant in full, as enrolled in the University records (**in BLOCK letters**) (The "spacing" between words and initials in the name should be clearly marked)	
2	Date of Birth (DD/MM/YYYY)	3 Gender (Male / Female)

4.	Address to which the Degree / Diploma should be sent *(in* **B L O C K** *letters) & PIN CODE to be compulsorily indicated (enclose attested copy of proof of address)*	Post Office Pin code District State

5	Contact references:	(i) Land line with STD Code (ii) Mobile No. (iii) email address

6	**Details of fees paid: *(see Instruction No.6, Page No.2)***
(i)	Amount of fees paid (**in figures**) ₹
(ii)	If remitted in <u>Cash</u> at University Cash Counter, Cash Receipt reference (copy of Receipt to be enclosed) Receipt No: Dated:
(iii)	If remitted by <u>Demand Draft</u>, Demand Draft reference *(see Instruction No.6 - IMPORTANT)* DD No: Dated:
8	Whether any Revaluation/External Improvement results pending **Yes** ☐(if yes, Details) **No** ☐

7 (i) Details of Examination passed:

Name of the Degree	Subject/Branch/Faculty	Classification	Register Number

(ii)	SEMESTER	I	II	III	IV	V	VI	VII	VIII	IX
	Month & Year of passing (if applicable)									
(iii)	**Month & Year of passing final semester**			Month / year of back-semester, if any, cleared later on						

8 (i)	Name of the College/Institution/ University Department from where the Degree was obtained	
(ii)	Period (academic years) of study / research	From: To:
9	Subject of Specialization, if any	
10	Whether the Course was Full-time (or) Part-time	
11 (i)	In case of Research Degree (D.Sc/D.Litt/ Ph.D/M.Sc {By research}- Title of the Thesis	
(ii)	University Notification details regarding eligibility for award of the Degree *(enclose copy of notification)*	Notification No. & Date:
(iii)	Name & Address of the Supervising Guide	
12	In the case of MBBS date of completion of House Surgency/CRRI *(enclose copy of the certificate)*	

Certified that all the particulars given above are true to the best of my knowledge and belief.

Place:

Date:

Signature of the Applicant

Instructions to the Candidate

1. Fee can be remitted either at the University Cash counter, Administrative Office, CUSAT, Thrikkakara or sent by way of Demand Draft.
2. If the fee is sent by way of Demand Draft (DD),
   (i) The DD should be drawn on: (a) State Bank of Travancore (SBT) or (b) State Bank of India (SBI) or (c) Any associate bank of SBI
   (ii) In favour of: The Registrar, CUSAT
   (iii) Payable at: (a) If drawn on SBT – Cochin University Campus branch (Code: 70235)
           (b) If drawn on SBI or any associate bank – Ernakulam.
   (iv) The DD should be enclosed along with the application form.

Kindly ensure that the Degree Certificates are not kept in tight plastic files/folders/envelopes for long as this could damage the printing on the Degree Certificates.

[FOR OFFICE USE ONLY]

Examination …………Section may kindly **verify and certify** the application and return to the Examination N Section along with the following details.

[All the fields should be filled in with utmost care. Overwriting should be avoided and corrections, if any be initialed.

1	Register Number									
2	Name of the applicant in full, as enrolled in the University records (**in BLOCK letters**). (The "spacing" between words and initial in the name of the candidate should be clearly marked.									
3	Name of the Faculty									

4	Degree		Subject		Specialisation, if any	

5	Month &Year of final semester	Month / Year of passing final semester	Month / year of back-semester, if any, cleared later on	Class

6	Whether Consolidated Mark List Issued.	Yes ☐	No ☐	Date of issue, if any

7	Remarks, if any	

The application is verified with the records available in the section and it is certified that the details mentioned above are correct.

Asst / S O / A R / D R / J R

Examination N Section

D C Number		Date of Preparation	

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