

KG COLLEGE OF ARTS AND SCIENCE

Autonomous Institution | Affiliated to Bharathiar University
Accredited with A++ Grade by NAAC
ISO 9001:2015 Certified Institution

KGiSL Campus, Saravanampatti, Coimbatore - 641 035

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FOR ISSUE OF DUPLICATE STATEMENT OF MARKS

| 1. | Name of the Candidate | | | | |
|--|--|----------------------|--|----------------------------|--|
| 2. | Register Number | | | | |
| 3. | Name of the Programm | | | | |
| 4. | Year of Study | | | | |
| 5. | Email ID | | | | |
| 6. | Mobile Number | | | | |
| | | Applied | for | | |
| | Statement of | f Marks | Consolidated Statement of Marks | | |
| 7. | Semester | Month & Year of Exam | Month & Year of last qualified for the deg | st appearance in which ree | |
| | | | 11 | | |
| | | | | | |
| | | | | | |
| 8. | Circumstances under which the certificate was lost / destroyed | | | | |
| 9. | Whether the prescribed | | LAMINE | | |
| 7. | has been enclosed with | | | | |
| Place: | | | | | |
| Date: Signature of the Candidate | | | | | |
| Note: HoD shall append the signature after verifying if the candidate has received the statement of marks from Department | | | | | |
| | | | | | |
| Head of the Department Principal | | | | | |
| Fee Paid Details: | | | | | |
| Fee paid (Rs.) | | Receipt Number | Receipt Date | | |
| | 1 cc paid (NS.) | Receipt Number | тистре 2 ис | Administrative officer | |
| | | | | | |
| Office use | | | | | |
| | sheet No : | Date of Issue | | | |
| Certif | icate Code : | | | | |

Prepared by

KGCAS

Coimbatore | India

Examined by

Controller of Examinations



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INSTRUCTIONS FOR DUPLICATE STATEMENT OF MARKS

- ❖ Duplicate certificate will be issued only when it is lost or destroyed irrevocably.
- Application duly filled-in should be forwarded by the Head of the respective department along with the following:
 - An affidavit detailing the circumstances under which the original certificate was lost or destroyed
 - Lost Document Report (LDR)
 - The fees should be paid directly to the College office only after approval from the
 Controller of Examinations. The affidavit should be duly executed before the
 Notary Public / Principal of the College where he / she had studied in the
 prescribed format.
- ❖ Application shall be complete in every respect. Failure to furnish correct details may cause delay in the issue of the certificate. The application shall be filled in only by the candidate otherwise it will be rejected.
- ❖ Fees once paid shall neither be refunded nor adjusted against any other certificate under any circumstances.
- ❖ A minimum of three working days will be taken for processing the application.





KG COLLEGE OF ARTS AND SCIENCE

AFFIDAVIT TO BE FILLED FOR ISSUE OF DUPLICATE STATEMENT OF MARKS

| Al | FFIDAVIT OF THIRU / SELVI | | | | |
|----|--|--|--|--|--|
| 1. | I,, son / daughter of, | | | | |
| | aged | | | | |
| | KG College of Arts and Science with register number and | | | | |
| | residing atStreet,do | | | | |
| | hereby solemnly and sincerely state as follows: | | | | |
| 2. | My Statement of Marks / Consolidated Statement of Marks issued relating to the examinations | | | | |
| | held during has irrevocably been lost / destroyed. | | | | |
| 3. | I fill this affidavit for the purpose of receiving a duplicate Statement of Marks / Consolidated | | | | |
| | Statement of Marks. | | | | |
| 4. | The duplicate Statement of Marks / Consolidated Statement of Marks 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 College, | | | | |
| | I shall abide by the decision of the College. | | | | |
| | Place: | | | | |
| | Date: | | | | |
| | Signature of the Candidate | | | | |
| | Solemnly affirm at (place) | | | | |
| | this (date)and signed his / her name in my presence. | | | | |

Notary Public / Principal

