

ACHARYA NAGARJUNA UNIVERSITY

APPLICATION FOR PROVISIONAL / ORIGINAL DEGREE / CONSOLIDATED MARKS CERTIFICATE

NAME: Reg. No. :

ADDRESS :

.....Month & Year of Passing:

STUDY CENTRE :Cell No.

Course : Branch : Amount Paid: Dt:.....

Month & Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total Marks	
I YEAR																			
II YEAR																			
III YEAR																			
IV YEAR																			

	Marks Obtained	Maximum Marks	Month & Year
I Year	_____	_____	_____
II Year	_____	_____	_____
III Year	_____	_____	_____
IV Year	_____	_____	_____
Grand Total:	_____	Class: _____	

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Signature of the Candidate

Jr. Asst.

Sr. Asst.

Superintendent