



DR. C.V. RAMAN UNIVERSITY

KARGIROAD KOTA, BILASPUR (C.G.)

Application form for Degree Certificate

Student Name (Hindi):.....

Student Name (English)

Name of ClassSession To

DivisionSubject's name indicated in the

Marksheet

Roll No.....Enrollment No

Name of Exam Centre

Student's Postal Address

.....Ph. No.

I agree to receive my Degree/Diploma. The Degree/Diploma fees of Rs. 500/- (Five hundred only) Chalan no.Datedis enclosed here with this application form and Declaration.

Place :

Applicant Signature

Date :

Note : D.D. Should be made in Favor of "**Dr. C. V. Raman University, Kota Bilaspur (C.G.)**"