



COCHIN UNIVERSITY OF SCIENCE AND TECHNOLOGY

APPLICATION FOR DUPLICATE MARKLIST

| | | |
|---|--|---|
| Details of Fee remittance(Attach the proof of remittance) Mode of Payment : DD/Cash Counter/Online Payment DD No./Receipt No./Transaction ID Date of Remittance : Amount Remitted :..... | | <u>For Online Payment use the following details</u> Account Name : Registrar Bank: State Bank of India Branch: Cochin University Campus Account No: 37521230439 IFSC Code: SBIN 0070235 |
| 1 | Name of Applicant (in Capital Letters) : | |
| 2 | Address for Communication (in Capital Letters) | |
| 3 | Mobile No | |
| 4 | Email id | |
| 5 | University Reg No | |
| 6 | College where student studied | |
| 7 | Year of Admission | |
| 8 | Course | |
| 9 | Branch | |

General Instructions

- 1)For Duplicate Marklist recommendation from Head/Principal of the Department/Institution is mandatory
2)The fee for duplicate marklist is Rs 610/- per sheet along with applicable search fee*

Declaration

- 1)I do hereby declare that marklist of following semesters have been lost irrecoverably

| SL No. | Semester | Month and Year |
|--------|----------|----------------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

- 2)Further I hereby declare that the above particulars are true and correct to the best of my knowledge and belief.

Place

Date

Signature of Candidate

Recommendation from the Head/Principal of the Department/Institution:
Affix Name Designation and Office Seal :