

Application form for Passing/Merit/Rank Certificate of University Examination

To,
The Director,
Board of Examinations & Evaluation,
Punyashlok Ahilyadevi Holkar
Solapur University, Solapur,
Maharashtra, India,
413 255

Sir,

I am to request you to issue me a certificate _____ . I have passed the _____ examination held by Punyashlok Ahilyadevi Holkar Solapur University, Solapur in the month of March/April or Oct/Nov. _____. I am providing the details as follows.

- Full Name: _____
- Address: _____
- Email Id _____ Mobile No. _____
- Seat No. _____ Center _____
- Special Subject. _____ Optional Subject if any _____
- Class obtained _____
- Name of the college/External _____
- Mode of payment: The prescribed fee Rs. _____ in words _____
_____ is paid in cash/DD/Online/MO/IRO etc. dated _____ .

Date _____

Yours faithfully,

(Student Signature
with the name)

Account
Please Accept

Other Certificate Rs. _____

Publication fee Rs. _____

Total = _____

Sign