

## 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)