

APPLICATION FOR DEPARTMENT LEAVING CERTIFICATE

To
The Head,
Dept. of _____,
BBMK University, Dhanbad.

Sir,

I have passed Semester – IV, M.A . Examination- _____ in _____. I
intend to obtain Department Leaving Certificate.

I, therefore, request you to issue me the certificate and oblige.

With regards,

Yours faithfully,

Full Signature.

Enclosures: Self-attested copy of

- | | |
|------------------------------|--|
| 1. Identity Card | 2. Admit Card (Sem – IV) |
| 3. Marks Sheet (Sem – IV) | 4. Secondary (10 th) Certificate |
| 5. Marks Sheet (B.A./B. Sc.) | |

Requisite Information

Candidate's Name: _____ DOB: _____

Class (M. A.): _____ Class Roll No. _____

Session: _____ Registration No. _____

Univ. Roll No. _____ Year of Passing: _____

Father's Name: _____

Mother's Name: _____

Mailing Address: _____

Mob. No. 1. _____ 2. _____

Dues Clearance report of the following department of PKRM College, Dhanbad.

- | | |
|--------------------|------------------|
| 1. Central Library | 2. Dept. library |
| 3. Accounts | 4. Sports |

Fee- Chalan No. _____ Date: _____

(SBI,A/C- _____, Value Rs. 100/- in favour of Registrar, BBMKU Dhanbad)

DLC No. _____ Date of issue: _____

Head of the Department