

**Sant Gadge Baba Amravati University, Amravati**

**Application for issue of Attempt Certificate**

(Incomplete application form shall be rejected)

Date :     /     /200

To  
The Controller of Examinations  
Sant Gadge Baba Amravati University, Amravati.

**Subject :- Issuing of Attempt Certificate for ----- Examination**

Sir,  
I request you kindly issue me the Attempt Certificate of following examination, details of which are submitted as under:

Sr. No.	Name of Exam.	Roll No.	Year of Exam. Summer/Winter	Category of student Collegiate/ External /Ex-student	Result Passed/ Failed
1.	-----	-----	-----	-----	-----
2.	-----	-----	-----	-----	-----
3.	-----	-----	-----	-----	-----
4.	-----	-----	-----	-----	-----
5.	-----	-----	-----	-----	-----
6.	-----	-----	-----	-----	-----
7.	-----	-----	-----	-----	-----
8.	-----	-----	-----	-----	-----

- Fee Rs. ----- paid in cash vide Receipt No. ----- Date ----- or D.D. No. -----  
Date ----- of ----- Bank. (D.D. shall be in favour of Registrar Sant Gadge Baba Amravati University, Amravati)  
(Fee for 1 year Degree Course is Rs. 25/-, 2 year Degree Course is Rs. 50/-, 3 year Degree Course is Rs. 75/- and 4 year Degree Course is Rs. 100/-)
- Enclose attested zerox copies of all marksheets for which attempt Certificate is required).

Date : -----

Yours faithfully,

Signature of student

**For office use only**

**Date of Receipt of application -----**

**Date for issuing Attempt Certificate -----**

**Signature of Clerk -----**

**Sant Gadge Baba Amravati University, Amravati**

Received application Dated ----- from Ku./Shri / Smt -----

Address ----- for attempt Certificate .

The Certificate shall be issued on ----- after 4 pm. from window No.39.

Date : -----

Signature of Clerk -----