



**HINDUSTHAN COLLEGE OF ARTS AND SCIENCE (AUTONOMOUS),  
COIMBATORE-28  
CONTROLLER OF EXAMINATIONS  
APPLICATION FOR OBTAINING DUPLICATE CERTIFICATE**

Name of the Student :  
Class :  
Register No :

i) Do you require Duplicate Markstatement : Yes / No

(If Yes please tick(√) the following as you require)

Semester I	<input type="checkbox"/>	Semester IV	<input type="checkbox"/>
Semester II	<input type="checkbox"/>	Semester V	<input type="checkbox"/>
Semester III	<input type="checkbox"/>	Semester VI	<input type="checkbox"/>

ii) Do you require duplicate Consolidated Mark statement: YES  NO

iii) Whether the prescribed Affidavit has been enclosed with the application: YES  NO

**Signature of the Student**

**Signature of the HOD with seal**

**Office Use**

Amount to be Collected:

Particulars	No.of Statements	Rate	Amount
Individual Mark Statement		3000	
Consolidated Mark Statement		3000	
Search fee (After 2 years but Before 5 years)	-	-	1000
<b>TOTAL</b>			

Amount in Words: \_\_\_\_\_.

- Once the amount paid will not be refunded/transferred to other purpose.

**AFFIDAVIT TO BE FILLED FOR ISSUE OF DUPLICATE CERTIFICATE**

Affidavit of Thiru / Selvi \_\_\_\_\_

1. I \_\_\_\_\_ son / daughter of \_\_\_\_\_  
an old student / student of \_\_\_\_\_ college with  
register number \_\_\_\_\_ and residing at \_\_\_\_\_  
street \_\_\_\_\_ do hereby  
solemnly and sincerely state as follows.

2. My \* ( I ) \_\_\_\_\_ (degree) statement of marks issued relating to the  
examinations held during \_\_\_\_\_ / \_\_\_\_\_ statement of Marks  
issued by the Hindusthan College of Arts and Science (Autonomous), Coimbatore – 28 has  
irrevocably been lost / destroyed.

3. I fill this affidavit for the purpose of receiving duplicate certificate.

4. The duplicate certificate shall be returned to the College once my original certificate / s is /  
are recovered by chance.

5. The facts stated are true and correct to the best of my knowledge and if found false by the  
Institution, I shall abide by the decision of the Institution.

Solemnly affirmed.

Place :

Date :

**Signature of the Candidate**

Notary Public

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Seal.