

UNIVERSITY OF CALICUT

APPLICATION FOR EQUIVALENCY / RECOGNITION CERTIFICATE

1. **Name of the Candidate** (in block letters) :
2. **Address for Communication** (in block letters) :
3. **Name of the Course / Examination Passed** :
(Enclose copy of the Certificate/ Mark List)
 - a) Duration of the Course : Years. (From..... to.....)
 - b) Register Number, Month & Year of Passing :
4. **Mode of Study** : **Regular College (Institution) / Private / External / Correspondence**
 - a) Name of the College / Institution, :
where attended for the Course.
 - b) Number & Date of Transfer Certificate :
(Enclose copy of the T.C./Course Certificate)
5. **Name of the University / Board / Institution** :
6. **Amount of Fee Remitted** : Rs.
 - a) Chalan Number & Date :
 - b) Name of the Bank / Treasury :
7. **Purpose of the Certificate** : **For Employment / Higher Studies**

DECLARATION / UNDERTAKING

I,.....,do hereby declare that the entries made above are correct to the best of my knowledge. I also undertake that in case any of the details given above are later found to be false or misleading, I alone will be responsible for all the hardships in this regard.

Place,

Date.

Name and Signature of the Candidate

FOR OFFICE USE ONLY

Number of the Certificate : GA1/ A1/..... / 20....

Folio Number & Date of Issue :

Asst. / S.O. / A.R.