



**UNIVERSITY OF CALICUT**  
**APPLICATION FOR RANK CERTIFICATE**

Name and address of the candidate :  
(in block letters ,with PIN)  
Mobile Number :  
E-mail ID :  
Name of the course/programme :

**DETAILS OF EXAM PASSED**

Semester/ year	Register Number	Month and year of passing	Month and year of improvement, if any	Total grade/marks obtained in each semester/year
I Semester/ I Year				
II Semester/ II Year				
III Semester/ III Year				
IV Semester/ IV year				
V Semester				
VI Semester				
VII Semester				
VIII Semester				
IX Semester				
X Semester				

**DETAILS OF FEE REMITTED**

Chalan number	Amount	Date	Place of remittance

I declare that the details furnished above are correct to the best of my knowledge.

C U Campus

Date: .....

Signature

**FOR OFFICE USE ONLY**

FFR number	Date	Folio Number	Date of issue

ASST

S.O .

AR/DR