



APPLICATION FOR MISCELLANEOUS CERTIFICATES

Name of the Student:

Grade: Section: Scholar No:

- | | | |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | Course and Conduct Certificate | BD 2/- |
| <input type="checkbox"/> | Study Certificate | BD 2/- |
| <input type="checkbox"/> | Duplicate Transfer Certificate for Academic Year | BD 2/- (per year) |
| <input type="checkbox"/> | Duplicate Report Card for Academic Year | BD 2/- (per year) |
| <input type="checkbox"/> | Transcript for Grade & Academic Year | BD 2/- (per grade) |

*VAT amount of 10% on the above rates will be charged for all certificate issuances

Name of Parent/Guardian:

Mobile No:

Date: Signature of Parent/Guardian:

For Office Use:

Certificate(s) Issued: YES NO

Amount Received:

Date: Signature:

For Parent:

I hereby declare that I have verified all the details mentioned in the Certificate and they are correct.

Date Received:

Received by: Signature: