

Manipal - 576104, Karnataka, India

**Application for issue of DEGREE CERTIFICATE**

<b>Name:</b>		<b>Reg. No.</b>												
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<b>Institution:</b>												
<b>Course:</b>											<i>Affix self attested passport size color photograph</i>	
<b>Branch/Specialization:</b>												
<b>Month &amp; Year of Passing:</b>												
<b>Date of Completion of internship:</b> (enclose attested copy of the certificate)												
<b>Class/Grade/CGPA obtained:</b>												

<b>Mode of delivery:</b>	<input type="checkbox"/> Convocation <input type="checkbox"/> in Person <input type="checkbox"/> By Speed Post															
<b>Address to which the certificate is to be sent</b> (IN BLOCK LETTERS ONLY)																
											<b>Pin code:</b>					
	<b>Tel/Mobile No.:</b>															
	<b>e-Mail:</b>															
<b>Study Centre Code &amp; Address</b> (if applicable)	<b>Code:</b>															

**Details of fees paid:** (if applicable)

DD/Challan No. and date	Bank Name	DD Amount (₹)

I hereby solemnly declare and promise that if admitted to the degree/diploma for which I have been recommended, I shall conduct myself as befits a graduate/postgraduate of Manipal University and that I shall with sincerity support the cause of morality and sound learning and that I shall uphold and advance the social order and the well-being of my fellowmen. Further, I shall faithfully adhere to the ethics of the profession to which I am admitted by virtue of my degree and I shall maintain its purity and reputation without making my knowledge subservient to unworthy ends.

Place: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature of the Candidate

<b>Verified by:</b>	<b><u>Verified and Recommended</u></b>		
Scanned Photograph Uploaded:	<input type="checkbox"/> To SIS	<input type="checkbox"/> By e-mail	<input type="checkbox"/> By CD
Name:			
Signature:			
	_____ Signature & Stamp of the Study Centre Coordinator	_____ Signature & Stamp of the Head of the Institution	

**For Official Use**

Received date: \_\_\_\_\_ Mode of Dispatch: \_\_\_\_\_ Dispatch date: \_\_\_\_\_