



DR. R.N. GUPTA TECHNICAL EDUCATIONAL SOCIETY

Agra –Firozabad Road, NH-2 Etmadpur, Agra, Uttar Pradesh-283202

APPLICATION FOR INSTITUTE LEVEL QUERIES

Please tick any one of the below:

College Name: ACPS/ACL/AIMS..... DATE:

Original Document	I-Card	Fee Receipt	Mark sheet(s)	Bonafide Certificate	NOC	Provisional & Character Certificate	Degree	PCI Verification Letter
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Name : _____
Father's Name : _____
Course/ Batch : _____
Roll No. : _____
Contact No. & Email ID : _____
Correspondence Address : _____

*** From option (a), (b), (c), (d), (e) and (f) tick, whichever is applicable.**

- (a) I request you to kindly return my original documents / testimonials, which I had submitted at the time of admission.
- (b) Accidentally, I have lost my **I-Card/ Fee Receipt** for.....Year/Semester(s). So, I would like to request you to kindly issue Duplicate I-Card/ Fee Receipt. Please find enclosed photocopy of FIR for the same.
- (c) I have passed.....Year/semester(s) examinations. So, I would like to request you to kindly issue **mark sheet(s)** ofYear/semester(s) / **N.O.C** (to receive mark sheet directly from the respective Board / University). Kindly find enclosed photocopy of my result of the above mentioned Year/semester(s) along with fees receipts of current and past Year/semester(s).
- (d) I have passed.....Year/semester(s) examinations. So, I would like to request you to kindly issue me a **bonafide certificate** for the purpose of
.....
Kindly find enclosed photocopy of my mark sheet(s) of all Year/ semester(s) as mentioned above along with fees receipts of current and past Year/semester(s).
- (e) I have passed all Year/semester(s) examinations. So, I would like to request you to kindly issue **provisional & character certificate / original degree /N.O.C** (to receive degree directly from the respective Board/ University). Kindly find enclosed all the required documents with this application.
- (f) I have passed all Year/semester(s) examinations. So, I would like to request you to kindly process the verification of all my documents and send the **letter of verification to PCI** for my registration purpose as a pharmacist. Kindly find enclosed all the required documents with this application.

Signature of the Applicant

Date:

Office Use:

Checked by:

Approved by:

Issued by:

Signature of the Recipient with Date