# SWAMI RAMA HIMALAYAN UNIVERSITY

(A University established under section 2(f) of UGC Act & enacted vide Govt. of Uttarakhand Act No. 12 of 2013)
Swami Ram Nagar, Jollygrant, Dehradun-248016 (Uttarakhand), Phone- 0135-2471102, Fax:- 2471141

## APPLICATION CUM INFORMATION FORM FOR ISSUE OF MARK SHEET/ DEGREE/DIPLOMA/ ACADEMIC TRANSCRIPT/ PROVISIONAL PASS CERTIFICATE/ DUPLICATE DOCUMENT

**1. Name of the Applicant : (Exactly as on 10th Certificate & attach photocopy of 10th marksheet / certificate)**

**2. छात्र/छात्रा का नाम(स्पष्ट शब्दों में हिन्दी में)–**

**3. Gender :** _____ **4. Date of Birth :** D D M M Y E A R

**4. Father's Name : (Exactly as on 10th Certificate)**

**5. पिता का नाम(स्पष्ट शब्दों में हिन्दी में)–**

**6. Mother's Name : (Exactly as on 10th Certificate)**

**7. माता का नाम(स्पष्ट शब्दों में हिन्दी में)–**

**8. Personal E-mail ID :**

**9. Permanent / Residential Address :**

**PIN Code**

**Mobile No.** **Alternate Mobile No.**

**10. SRHU Registration Number :** D D

**11. SRHU Enrolment Number :** S R H U

**12. Program/course with Specialization(Attach photocopy of mark sheet, last examination appeared) :**

**Year of Passing**

**13. Name of the School/College :**

**14. Title of Thesis (wherever applicable):**

_____

_____

***I certify that the above information given for printing of Mark sheets/Grade cards/Degree/Diploma/Academic Transcripts etc. is correct in all respects.***

Paste Recent Coloured Passport size (with white background) Photograph here.

**If applicable**
Fee of Rs. ……
vide Receipt No……..
Dated……has been deposited.
(Receipt attached)

**Signature of the Candidate:** _____

*Above information is found correct as per office records.*

**Dean / Principal** _____

**Date:** _____