



CAREER TECHNOLOGY CYBER SECURITY INDIA

ISO 27001:2013, ISO 9001:2015 Certified Company

DUPLICATE FORM

Date of Apply : __ / __ / __

APPLICATION FOR ISSUE OF DUPLICATE MARK SHEET

Instructions:

1. Duplicate mark sheet will be issued only in case of lost or destroyed irrevocably.
2. The application is to be filled by candidate in English CAPITAL Letters in blue/black ink.)

1. Name of the Applicant (Mr./Ms.)

(Write your full name as mentioned in your Secondary Certificate)

Photograph of Applicant

Paste your recent passport size color photograph
Do not pin or staple

2. Father's Name

3. Mother's Name

4. Date of Birth

5. Sex (✓)

6. Nationality

7. Permanent Address

Pin Code

City

State

8. Contact No./Whatsapp No. (Applicant)

DETAILS OF THE DUPLICATE MARK – SHEET TO BE ISSUED

9. Centre Name

10. Course Name

11. Course Code

12. Year

FEE DETAILS

Rs. 1,000/- per Mark – Sheet is to be paid though Cash / Demand Draft (DD) or Debit / Credit Card. In case of fee paid through DD give the following details:

D.D. No.

Date

Branch

Demand Draft of Rs. 1,000/- to be made in favour of "AICVPS" payable at Hisar

In case of fee paid though Cash or Debit / Credit Card: Receipt No.

Date

Please enclose the following documents:

1. Self attested photo copy of Class X mark sheet
2. Self attested photo copy of Class XII mark sheet
3. Self attested photo copy of Copy of lost / destroyed mark sheet, if available
4. Self attested photo copy of Proof of identity i.e. Aadhar Card

Signature of Applicant

To be executed on Non judicial Stamp Paper of Rs. 10/- and to be notarized

AFFIDAVIT FOR ISSUE OF DUPLICATE MARKSHEET

I.....

Father's Name

Mother's Name

Resident of

.....

Enrollment No.

Course

Semester/Year

Do hereby solemnly affirm as under:

1. That I have lost my mark sheet issued from AICVPS, & request the AICVPS to issue duplicate mark card.
2. I undertake that if my lost mark sheet is found, I shall return the same to the AICVPS.
3. I undertake that in case someone misuses my lost mark card, I shall be solely responsible for the same.

Deponent

I above named deponent do hereby solemnly verify that the contents of my above affidavit are true & correct within my knowledge & belief and nothing has been concealed.

Deponent

VERIFICATION

Signed and verified at on this Day of Year 20.....