



UNIVERSITY OF CALICUT

Application for Provisional / Rank Certificate of M.A./ M.Sc/M.Com/M.C.A./M.B.A/M.S.W.

Name and address of the candidate :
(in block letters ,with PIN)

Mobile Number :

E-mail ID :

Name of the course/programme :

Details of exam passed

Semester / Yyear	Register Number	Month and year of passing	Month and year of improvement, if any	remarks
I Semester/ I Year				
II Semester/ II Year				
III Semester				
IV Semester				
V Semester				
VI Semester				

Details of fee remitted

Chalan number	Amount	Date	Place of remittance

I declare that the details furnished above are correct to the best of my knowledge.

C U Campus

Date :

SIGNATURE

For office use only

FFR number Date Folio number Date of issue

ASST

S.O.

AR/DR