



## 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