

All India Council For Vocational & Paramedical Science

(Run by All India Council for Vocational & Paramedical Science)

DUPLICATE FORM

Date	of Appl	y:	/	/

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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.) Photograph of Applicant (Write your full name as mentioned in your Secondary Certificate) Paste your recent passport size color 2. Father's Name photograph Do not pin or staple 3. Mother's Name 5. Sex (✓) **6.**Nationality 4.Date of Birth 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 judical 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.
 I undertake that if my lost mark sheet is found, I shall return the same to the AICVPS. 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
VERIFICAITON
Signed and verified at Day of Year 20