



## Office of the Controller of Examinations & Admissions UNIVERSITY OF SCIENCE & TECHNOLOGY MEGHALAYA

(Techno City, 9th Mile, Kiling Road, Baridua, Ri-Bhoi, Meghalaya (India)-793101)

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	<u>APPLICAT</u>	ION FORM FOR DUPLICATE DO	CUMENT
1.	Name of the Programme	:	
2.	Name of the Department	:	
3.	<b>Session of Examination</b>	:	
4.	<b>Semester of Examination</b>	:	
5.	Roll No.	:	
6.	<b>Enrollment No.</b>	:	
7.	Name in Full (in block letter)	:	
8.	Mobile No.	•	
9.	<b>Details of Duplicate Docum</b>	ment:	
	Sl. No. Description of Document(s)		
10.	Self attested Original copy	of the FIR lodged at the Local Police Sta	ation & photo copy of the
	cutting of the local News F	Paper to be enclosed.	
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Approved / Not Approved			Zull Sign of the Applicant
	Signature		Full Sign. of the Applicant
	CoEA/DCoEA, US		•••••••••••••••••••••••••••••••••••••••
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Accounts Officer