





OFFICE OF THE CONTROLLER OF EXAMINATIONS

## (Furnish the following details to print degree certificates)

Register No.											Affix oi ecent	ne Coloui	r
School										(3	8.5CM	ort Size X 4CM aph he	)
Programme and Branch										Do	Not Sig	gn / Wi Photo	rite
Name of the Candidate (in <b>CAPITAL</b> LETTERS)													
Father's / Guardian Name													

Data of Pirth				Sov	Mala / Fama
Date of Birth	DD	MM	YYYY	Sex	Male / Fema

Address for Communication						
State						
Pin Code	Country					
Phone	Mobile					
Mail ID						

Candidate's Signature	Division Leader / Programme Manager (s) Signature
Date :	Date:

Note : Submit the filled in form to the School Manager(s) concerned on or before 11-May-2012. Otherwise Send duly filled in form to the Office of the Controller of Examinations, VIT University, Vellore – 14 T N, India. at the earliest. This form can also be downloaded from http://www.vit.ac.in/coe/downloads.asp