

क्षेत्रीय जैवप्रौद्योगिकी केन्द्र

**REGIONAL CENTRE FOR BIOTECHNOLOGY**

**APPLICATION FOR ISSUANCE OF DEGREE CERTIFICATE**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Reg No.:** |  |
| **Name of Student** | **English****(in CAPITAL LETTERS)** |  |
| **Hindi****(in Devanagari script)** |  |
| **Academic Programme** |  |
| **Specialization (lab)** |  | **Month & Year of Passing** |  |
| **Title of Dissertation:**  |
| **Tel/ Mobile No.** |  | **E-Mail:** |

|  |  |  |
| --- | --- | --- |
|  **Mode of Delivery:**  | **in Person**  | **by Speed Post**  |
| **Address to which the Certificate is to be sent (In India)****(in Capital letters)**  |  |  |
|  |  |
|  |  |
|  |  |
|  | **Pin Code:**  |  |  |  |  |  |  |

**Place:**

**Date: Signature of the Candidate**

|  |  |
| --- | --- |
| **For Official Use****Verified and Recommended** * **It is certified that the candidate has cleared all dues.**
* **Latest photograph of the candidate is attached.**
 | **(Affix Passport Size Photograph)** |
| **Verifier Name:** **Signature:**  | **DEAN (ACADEMICS)** Signature and Stamp |