



**NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA,  
SURATHKAL,  
P.O. SRINIVASNAGAR, MANGALURU- 575 025**

**Form of Application for Issues of certificate**

1 Name of the Candidate :

**(Block Letters )** (As per Roll List)

2 Request for Certificate :

3 Reason :

4 Date of Birth : 5. Gender:- **Male** **Female**  
(Tick)

6 Category : **SC** **ST** **OBC** **GEN**

**7 Details of the Programme**

i) Course : ii) Branch:

iii) Guide Name : iv) Reg./Roll No.

**(For Research Scholar)**

v) Semester/Year vi) Date/Year of Admission:

vii) CGPA Obtained : viii) Landline / Mobile No.:

8 Month & Year of passing  
**(For Passed out student)**

9 Permanent Address **(Block Letters)**

Pin No.

10 For NOC **(Mention Reason with Place of visit along with duration):**

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**Signature of the Candidate with date.**

**( Forwarding by Head of Department)**

The Application for the issue of certificates applied by the student is being forwarded to Dean (Academic).

**Dated:**

**Signature of the HOD.**

**( To be filled by the Academic Section)**

Certified that above entires made by the Applicant are correct and as per our office Record and the certificate/s can be issued to him / her applied for.

**Dated:**

**Assistant Registrar (Academic).**

**Dated:**  
**Dean (Academic).**

**Dated:**  
**DIRECTOR**

**(APPROVAL)**