



DEPARTMENT OF TECHNICAL EDUCATION
APPLICATION FOR DUPLICATE MARK LIST/ GRADE CARD

| Details of fee remitted | |
|---|--|
| a. Amount remitted | |
| b. Name of Treasury | |
| c. Chalan/Receipt No | |
| d. Date of remittance | |
| Fee remitted under the Head of Account 0202-02-800-94-Other Receipts | |

| | | |
|---|--|--|
| 1 | Name of the Applicant (In block Letter) | |
| 2 | Full address of the applicant with district and PIN Code Phone Number | |
| 3 | Name of Parent /Guardian | |
| 4 | Date of Birth | |
| 5 | Name of Institution | |
| 6 | Particulars of examination for which duplicate Mark List/ Grade Card is required | |

| SL. No | Register No | Year & Month of Exam | Branch | Centre of Exam | 1 st , 2 nd , 3 rd , 4 th , 5 th , 6 th Year/ Semester |
|--------|-------------|----------------------|--------|----------------|--|
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|----|--|--|
| 7. | Circumstance under which duplicate Mark list/ Grade card is applied for a. If the original Mark List / Grade card is irrecoverably lost, produce Declaration of the candidate attested by a Gazetted Officer, detailing the circumstances under which it was lost. b. If the original Mark List / Grade Card is damaged, give details and enclose its remnants. If the remnants are not available, give reasons. c. If the original Mark List was cancelled, give order No and date of cancellation | |
| 8. | Has the applicant applied for a duplicate Mark List / Grade Card earlier? If so, give details. | |
| 9. | Any other particulars, required for the issue of duplicate Mark List / Grade Card. | |

DECLARATION

I (Name)
(address).....
.....
.....

hereby declare that the original Mark List / Grade Card has not been allowed to be misused and if it is found or recovered on a later date, it will be surrendered to the Controller of Technical Examinations , Kaimanam, Thiruvananthapuram - 40.

Station:

Date:

Name & Signature of the Candidate

CERTIFICATE

(To be issued by a Gazetted Officer)

Certified that the details furnished above are correct, and the Mark List/ Grade Card issued to the candidate was / were irrecoverably lost/ damaged/ cancelled. I recommend that, Duplicate Mark List/ Grade Card may be issued.

Station:

Date:

Signature

Name & Designation

(Office Seal)

CERTIFICATE BY THE HEAD OF INSTITUTION

Certified that I have carefully verified the particulars furnished above by the candidate and the same are found correct. I recommend that Duplicate Mark List/ Grade Card may be issued to the applicant.

Station:

Date:

Signature

Name & Designation

(Office Seal)