



Tilak Maharashtra Vidyapeeth, Pune-37

Examination Department

Application for Duplicate Mark –Sheet

To,

The Registrar,
Tilak Maharashtra Vidyapeeth, Pune

Fees Rs.	
Receipt No.	
Date	
Receiver’s Sign	

Sir,

I undersigned hereby apply for the duplicate Marksheet. The detail particulars about my examination are as follows -

1. Name of the Student : _____
2. Name of the Course : _____
3. Centre Code :

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4. Centre Name : _____
5. Seat No :

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6. PRN :

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7. Year : December / May
 Distance / Regular
8. Specialization if any : _____
9. Address : _____

10. Mobile No. :

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Remark

Yours’ Faithfully,

Signature of the Student