ST MARY'S COLLEGE (AUTONOMOUS), THRISSUR-20

APPLICATION FOR RANK CERTIFCATE

1. Name of the Candidate : **(IN BLOCK LETTERS)**
2. Address & Contact Number :
3. Name of the Department :
4. Programme &Year of Study :
5. Register Number :
6. E-mail ID of the Candidate :
7. Details of Examinations :

Semester	**Month & Year of Pass**	**Month & Year of Improvement, if any**	**SGPA**	**GRADE**
Semester I				
Semester II				
Semester III				
Semester IV				
Semester V				
Semester VI				
Semester VII				
Semester VIII				
	CGPA:		**% of MARKS:**	

8. Details of Fee Remitted :

Transaction ID	**Date**	**Amount**	**Name of Remitter**

Applicant should attach a self-attested copy of Consolidated Mark list.

DECLARATION

I declare that the details furnished above are correct to the best of my knowledge.

Place:
Date**:** **Signature of the Candidate**