

QUALIFICATION DETAILS FORM

Name of Degree:

Mode of Degree: Full Time/Part Time/Distance Learning/

Name and place of College/Institute:

Name of University:

Qualifying Degree details (BTECH/MBA/MSC/LLB/Others (Specify) - _____)

Graduation Specialization/Branch:

Post-Graduation Specialization (If applicable):

	Semester			Year	Semester			Year	Semester		Year	Semester		Year	Semester (Integrated)		Year	
	I	II	III Trimester	I Year	III/IV	IV/V	VI Trimester	II Year	V	VI	III Year	VIII	VIII	IV YEAR	IX	X	V YEAR	
Maximum Marks																		
Marks Obtained																		

NB: Copy of all semesters/ Year wise mark-sheets and degree(s) to be enclosed

Grand Total of Maximum Marks (Sum of maximum marks obtained of all semesters/years)	Grand total of marks obtained (Sum of marks obtained of all semesters/years)	Percentage of Marks

It is to certify that the degree _____ is approved by _____ University which is recognized by _____.

Name of Candidate:

Post Applied/Discipline:

(Signature)