

## Dr. Babasaheb Ambedkar Marathwada University

### APPLICATION FOR A CERTIFICATE OF PASSING /MERIT INTERNSHIP

To,  
The Registrar,  
Dr. Babasaheb Ambedkar Marathwada University,  
Aurangabad. (Dn.)

I beg to request you to supply me with a certificate testifying the fact to my having passed the----- examination held by the Dr. Babasaheb Ambedkar Marathwada University in the month of -----200

I give below all the necessary particulars.

Name in Full

Beginning with Surname) } -----

Address -----

Seat No. ----- Centre -----

-

Optional subjects (if any) -----

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Class obtained -----

College -----

Your faithfully,

Date -----

(Applicant 's Signature )

**N.B:** A Passing Certificate will be supplied on payment of Rs.25/- in advance . The Certificate will be dispatched to the address given by the applicant, at applicant's risk by the **ORDINARY POST** if so desired

(To be filled by the Office)

Received Rs. 25/- vide Receipt No.-----of-----200

Passing Certificate No----- issued on-----

Clerk in Charge