

Vidya Vikas Education Trust's

VIDYA VIKAS UNIVERSAL COLLEGE, Malad (W), MUMBAI - 400 064

**APPLICATION FOR ADDITIONAL / A.T.K.T. / REGULAR EXAMINATION  
FY / SY BMS/BAF/IT/CS - SEM I / II / III / IV**

(Three-year Integrated Degree Course Examination conducted on behalf of University of Mumbai)  
N.B. (1) Application submitted after the prescribed date are liable to be rejected

To,  
The Principal,  
Vidya Vikas Universal College  
Malad (W)  
Mumbai - 400 064

Seat No. Student should not fill this

Paste  
Identify Card Size  
Recent  
Photograph

Sir,

**Name in full Shri/Kum/Smt**  
(IN BLOCK LETTERS)

SURNAME                      NAME                      FATHER'S/HUSBAND'S NAME                      MOTHER'S NAME

Male       Female       Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Other: \_\_\_\_\_

**Residential Address:** \_\_\_\_\_

**EXAMINATION PARTICULARS**

Presently studying in Class \_\_\_\_\_ Roll No. \_\_\_\_\_ OR Drop Out  
Yes/No \_\_\_\_\_

Enter only failed **subject theory and internal** details **FY/SY BMS/BAF/IT/CS - SEM I/II/III/IV**

Sr. No.	Subjects	Marks / Grade Obtained			REMARKS
		INTERNAL	THEORY	PRACTICAL	
1					
2					
3					
4					
5					
6					
7					

DATE: \_\_\_\_\_

Signature of the Candidate

**TO BE FILLED BY THE OFFICE ONLY**

Received Rs \_\_\_\_\_ **FY/SY BMS/BAF/IT/CS - SEM I/II/III/IV** exam, month of \_\_\_\_\_  
20\_\_\_\_

Receipt No. \_\_\_\_\_ Receiver's Signature: \_\_\_\_\_

=====

## HALL TICKET

**VIDYA VIKAS UNIVERSAL COLLEGE, Malad (W), MUMBAI- 400 064**

**ADDITIONAL/A.T.K.T./REGULAR EXAMINATION FY / SY BMS/BAF/IT/CS - SEM I/II/III/IV**

Name Mr. / Miss \_\_\_\_\_

Class: \_\_\_\_\_ Roll No: \_\_\_\_\_

**Subjects in which candidate must appear**

<b>INTERNAL</b>	<b>THEORY</b>	<b>PRACTICAL</b>
<b>1</b>	<b>1</b>	
<b>2</b>	<b>2</b>	
<b>3</b>	<b>3</b>	
<b>4</b>	<b>4</b>	
<b>5</b>	<b>5</b>	
<b>6</b>	<b>6</b>	
<b>7</b>	<b>7</b>	

Seat No. Student should not fill this
--

<b>Candidate's Sign</b>
-------------------------

Paste Identify Card Size Recent Photograph
--

**Vidya Vikas Education Trust's**  
**VIDYA VIKAS UNIVERSAL COLLEGE, Malad (W), MUMBAI- 400 064**  
**APPLICATION FOR ISSUE OF DUPLICATE RECEIPT.**

Appl. No.: \_\_\_\_\_

Date: \_\_\_\_\_

To,  
The Principal  
Vidya Vikas Universal College  
Malad (West)  
Mumbai: 400 064

**Sub: Issue of Duplicate Fee Receipt**  
**Degree College/Junior College/Law College/BMS/BAF/BFM/BBI/BSc-**  
**IT/BMM/M.Com./LL.B./BLS LL.B.**

Sir/Madam,

I \_\_\_\_\_  
(Full Name)

studying in \_\_\_\_\_ Program in \_\_\_\_\_ Class \_\_\_\_\_ Div. \_\_\_\_\_, bearing Roll No. \_\_\_\_\_ for the year 20\_\_-20\_\_.

I request you to issue me duplicate copy of the Fee Receipt of the fee/s paid to the college as I have lost my original fee receipt.

Kindly issue me a duplicate fee receipt & oblige.

Signature of the Student  
Contact No.: \_\_\_\_\_

**For Office Use**

Received ` . 100/-

Misc. Receipt No. \_\_\_\_\_

Date: \_\_\_\_\_

Receiver's Signature \_\_\_\_\_

**Documents required:**

- 1. Copy of Identity Card**

**Vidya Vikas Education Trust's**  
**VIDYA VIKAS UNIVERSAL COLLEGE, MALAD (W) MUMBAI- 400 064**

**APPLICATION BY A STUDENT SEEKING PERMISSION TO APPEAR FOR THE ADDITIONAL CLASS TEST ON ACCOUNT OF ABSENCE AT THE CLASS TEST UNDER THE INTERNAL ASSESSMENT SCHEME (20 -20 ) OF \_\_\_\_\_ PROGRAM**

Appl. No.: \_\_\_\_\_

Date: \_\_\_\_\_

To,  
The Principal,  
Vidya Vikas Universal College  
Malad (West), Mumbai 400 064

**Sub.:** Permission for appearing for the **ADDITIONAL CLASS TEST** at the Internal Assessment of Semester I / II / III / IV / V / VI / VII / VIII / IX / X Examination of \_\_\_\_\_ Program.  
(strike off whichever is not applicable)

Sir,

I, Mr./Ms. \_\_\_\_\_ student of \_\_\_\_\_ class bearing Roll No. \_\_\_\_\_ and Seat No. \_\_\_\_\_ was absent for the **CLASS TEST** conducted on \_\_\_\_\_ as part of the Internal Assessment at Semester I / II / III / IV / V / VI / VII / VIII / IX / X Examination.

The reason of my absence at the examination is:

- a. Medical Ground: \_\_\_\_\_  
\_\_\_\_\_
- b. Any other (Please specify): \_\_\_\_\_  
\_\_\_\_\_

Attached along with is/are the following document/s: (Strike off whichever is not applicable)

- a. For absence on medical ground (if absence is of max 3 days): Pathology Report (if available), Medical Certificate for absence and fitness, Doctor's prescription, bill/s for purchase of medicine.
- b. For absence on medical ground (if absence exceeds 3 days): Pathology Report/Any other report supporting the reason for absence, i.e. admit & discharge card/X-ray report, Medical Certificate for absence and fitness, Doctor's prescription, bill/s for purchase of medicine.
- c. For absence on account of travel for some personnel/religious purpose: Original copy of the Tickets of travel based on the mode of travel - Train Ticket/Bus Ticket/Boarding Pass.

d. For any other reason: Related documents

➤ \_\_\_\_\_  
➤ \_\_\_\_\_  
➤ \_\_\_\_\_

I am aware that the submission of this letter with/without the documents does not imply or establish my right to appear for the additional examination and that the college authorities have every right to reject the application if the reason/s for absence is not found suitable/valid. It shall be my sole responsibility to see the notice boards and verify if my request for appearance for additional examination has been approved or not.

I further state that the information provided above is true and correct and that the college authorities can take disciplinary action against me for providing any incorrect/misleading information.

Yours truly,

Name & Signature of the Student

I state that the information provided above is true and correct.

Name & Signature of the Parent/Guardian

**FOR OFFICE USE ONLY**

Received application form from Mr./Ms. \_\_\_\_\_  
seeking permission to appear for the additional class test on account of absence at the class  
test under the internal assessment scheme (20 -20 ) of \_\_\_\_\_ program.

**Dated signature of the clerk**

Vidya Vikas Education Trust's

VIDYA VIKAS UNIVERSAL COLLEGE, MALAD (W) MUMBAI - 400 064

APPLICATION SEEKING PERMISSION TO APPEAR FOR THE ADDITIONAL SEMESTER END EXAMINATION ON ACCOUNT OF ABSENCE AT THE SEMESTER END EXAMINATION CONDUCTED IN FIRST / SECOND HALF OF 20\_\_ OF \_\_\_\_\_ PROGRAM

Exam.: 260 / 470 / 995.

Appl. No.: \_\_\_\_\_

Date: \_\_\_\_\_

To,  
The Principal,  
Vidya Vikas Universal College  
Malad (West), Mumbai 400 064

**Sub.:** Permission for appearing for the **ADDITIONAL SEMESTER END EXAMINATION** of Semester I / II / III / IV / VII / VIII / IX / X Examination conducted in First / Second Half of 20 \_\_ of \_\_\_\_\_ Program.

(strike off whichever is not applicable)

Sir,

I, Mr./Ms. \_\_\_\_\_ student of \_\_\_\_\_ class bearing Roll No. \_\_\_\_\_ and Seat No. \_\_\_\_\_ was absent for the **SEMESTER END EXAMINATION** conducted as part of the Semester I / II / III / IV examination of \_\_\_\_\_ Program as per details given below:

Date	Subject	Date	Subject

The reason of my absence at the examination is:

a. Medical Ground: \_\_\_\_\_  
\_\_\_\_\_.

b. Any other (Please specify): \_\_\_\_\_  
\_\_\_\_\_.

Attached along with is/are the following document/s: (Strike off whichever is not applicable)

- a. For absence on medical grounds (if absence is of max 3 days): Pathology Report (if available), Medical Certificate for absence and fitness, Doctor's prescription, bill/s for purchase of medicine.
- b. For absence on medical grounds (if absence exceeds 3 days): Pathology Report/Any other report supporting the reason for absence, i.e. admit & discharge card/X-ray report, Medical Certificate for absence and fitness, Doctor's prescription, bill/s for purchase of medicine.
- c. For absence because of travel for some personnel/religious purpose: Original copy of the Tickets of travel based on the mode of travel - Train Ticket/Bus Ticket/Boarding Pass.
- d. For any other reason: related documents:
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

I am aware that the submission of this letter with/without the documents does not imply or establish my right to appear for the additional examination and that the college authorities have every right to reject the application if the reason/s for absence is not found suitable/valid. It will be my responsibility to see the notice boards and verify if my request for appearance for additional examination is approved or not.

I further state that the information provided above is true and factual and that the college authorities can take disciplinary action me for providing incorrect/misleading information.

Yours truly,

Name & Signature of the Student

I state that the information provided above is true and factual.

Name & Signature of the Parent/Guardian

<b>FOR OFFICE USE ONLY</b>
<p>Received application form from Mr./Ms. _____</p> <p>seeking permission to appear for the additional Semester End Examination on account of absence in the subject/s of _____ at sem. ____ of _____ program.</p> <p style="text-align: right;"><b>Dated signature of the clerk</b></p>

Vidya Vikas Education Trust's

VIDYA VIKAS UNIVERSAL COLLEGE, MALAD (W) MUMBAI- 400 064

**APPLICATION FORM FOR APPEARING AT THE OF ATKT /ADDITIONAL EXAMINATION**

**(FYBCOM / F.Y.B.Sc. (Micro) Sem. I / II) 20 -20**

Exam.: 260 / 470 / 995.

Appl. No. \_\_\_\_\_

Date : \_\_\_\_\_

To,  
The Principal,  
Vidya Vikas Universal College  
Malad (West), Mumbai 400 064.

Recent  
photograph of  
the candidate

Sir,  
I, Mr./Ms. \_\_\_\_\_  
(Surname) (Own name) (Father's Name) (Mother's name)

Studying in Sem. \_\_\_\_\_ of the \_\_\_\_\_ Course bearing Seat No. \_\_\_\_\_ and Roll No. \_\_\_\_\_ of Division \_\_\_\_\_ wish to appear for the Additional / ATKT (Semester End for Semester I / II ) examination to be held in First half (March) of 20 \_\_\_\_ / Second half (October) 20 \_\_\_\_ .

(Read the following instructions carefully before filling the table below. If you wish to claim exemption in a subject, write 'EX' in column four/six against the subject. If you are appearing for the subject, write 'AP' in column four/six again. Enclose photocopy of the marksheet of the last F.Y.B.Com. Exam.)

Sr. No.	Subject / Course	Marks Obtained				Seat No. of the last Exam.
		Internal Examination	AP/EX	External Semester End	AP/EX	
1						
2						
3						
4						
5						
6						
7						
8						

I do not owe any dues to the college.

Yours faithfully,

Date: \_\_\_\_\_

(Signature of the student)

**FOR OFFICE USE ONLY**

Received application form and fee of Rs. \_\_\_\_\_ from Mr./Ms. \_\_\_\_\_ seeking permission to appear for the additional / ATKT Examination at the First Year of B.Com. / B.SC. (Microbiology) in the subject/s of \_\_\_\_\_.

**Dated signature of the clerk**





**Vidya Vikas Education Trust's**  
**VIDYA VIKAS UNIVERSAL COLLEGE, MALAD (W) MUMBAI- 400 064**

**FORM OF ATKT /ADDITIONAL EXAMINATION 20 - 20**

**S.Y. BMS / BAF / BFM / BBI / BMM / B.Sc.(IT) / B.Lib.Sc./LL.B./BLS LL.B. SEM. III / IV**

Examination Fee : ` 260 / 470 / 995.

Appl. No. \_\_\_\_\_

Date : \_\_\_\_\_

To,  
The Principal,  
Vidya Vikas Universal College,  
Malad (West),  
Mumbai-400 064.

Recent  
photograph  
of the  
candidate

Sir,

I, Mr./Ms. \_\_\_\_\_  
(Surname) (Own name) (Father's Name) (Mother's name)

Studying in Sem. \_\_\_\_\_ of the \_\_\_\_\_ Course bearing Seat no. \_\_\_\_\_ and Roll No. \_\_\_\_\_ of Division \_\_\_\_\_ wish to appear for the Additional / ATKT (Internal and/or Semester End for Semester III / IV ) examination to be held in First half (March) of 20 \_\_\_\_ / Second half (October) 20\_\_\_\_ .

(Read the following instructions carefully before filling the table below. If you wish to claim exemption in a subject, write 'EX' in column four/six against the subject. If you are appearing for the subject, write 'AP' in column four/six again. Enclose photocopy of the marksheet of the last S.Y.B. \_\_\_\_ . Exam.)

Sr. No.	Subject / Course	Marks Obtained				Seat No. of the last Exam.
		Internal Examination	AP/EX	External Semester End	AP/EX	
1						
2						
3						
4						
5						
6						
7						
8						

I do not owe any dues to the college.

Yours faithfully,

Date: \_\_\_\_\_

(Signature of the student)

**FOR OFFICE USE ONLY**

Received application form and fee of Rs. \_\_\_\_\_ from Mr./Ms. \_\_\_\_\_ seeking permission to appear for the Additional / ATKT Examination (Internal Assessment / Semester End Examination) at Semester \_\_\_\_\_ of the Second Year of \_\_\_\_\_ Course in the subject/s of \_\_\_\_\_.

**Dated signature of the clerk**



Vidya Vikas Education Trust's

VIDYA VIKAS UNIVERSAL COLLEGE, MALAD (W) MUMBAI- 400 064

APPLICATION FOR VERIFICATION AND / OR PHOTOCOPY AND / OR REVALUATION OF ANSWER PAPER/s OF THE EXAMINATIONS HELD November / March 20\_\_ in \_\_\_\_\_ Course

(as per VCD Ref. No.: AA / ICD / 2016-17 / 101 dated 01 / 07 / 2016)

Appl. No. \_\_\_\_\_

Date : \_\_\_\_\_

The Principal,  
VIDYA VIKAS UNIVERSAL COLLEGE,  
MALAD (W),  
MUMBAI - 400 064

Recent  
photograph  
of the  
candidate

Sir,  
I , Mr. /Ms. \_\_\_\_\_ of \_\_\_\_\_ Class bearing Roll no/ \_\_\_\_\_ Seat No:  
\_\_\_\_\_ residing at \_\_\_\_\_,

phone No: \_\_\_\_\_ wish to apply for the verification and / or photocopy and/or revaluation of the answer book/s in the following course/s of semester \_\_\_\_\_ examinations held in the month of \_\_\_\_\_.

	Answer book in the Course of (Name of the courses)	Marks Obtained	Total Marks assigned	Applied for Verification / Photocopy / Revaluation

**I AGREE TO THE FOLLOWING TERMS AND CONDITIONS WHICH ARE BINDING ON ME.**

1. I am aware that my original marks will become null & void as soon as I submit my application for revaluation and I agree with the same.
2. Incomplete application forms, applications with false Information, unsigned applications shall be rejected without assigning any reason whatsoever and the fees paid along with the application form neither shall be refunded, nor will any representation be entertained in such cases.
3. On receipt of Photocopy(ies) I shall be the sole custodian of it and under any circumstances I shall not part with the custody / possession of the same and shall not use the same for any other purpose(s).
4. The Photocopy(ies) so obtained by me shall be for his / her exclusive and relevant use. Neither myself nor any other person can use the said copy to dispute or challenge the quality of assessment or quantum of marks assigned to the answer there-in.
5. If I am found guilty of indulging in any act / attempt, I shall be liable to be tried before the Unfair Means Inquiry Committee of the University and the decision taken by the authorities based on the recommendation of the said committee shall be final.

6. If I indulgence / commission in unfair act / attempt are proved, I shall be liable for the punishment ranging from:
- i. Cancellation of my marks in the said subject either original or after revaluation,
  - ii. Cancellation of my result in full of the said examination,
  - iii. Annulment of examination(s) maximum up to 5 examinations.

**Signature of the student**

### FOR OFFICE USE ONLY

<b>BREAK UP OF THE FEES COLLECTED</b>				
	No. of papers applied for			
	Verification @	Photocopy @	Revaluation @	<b>Total Fees Payable by the student</b>
No. of papers / course applied				
Fees Payable				

<p>Case No. _____</p> <p>Received application from _____ for Verification and/or Revaluation and/or Photocopy and a fee of Rs. _____ (in words): _____</p> <p>in the subjects of _____ at the Sem. _____ Examination of _____ Course.</p> <p>Receipt No. _____ Date: _____</p> <p style="text-align: right;">Dated signature of the clerk</p>
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**Vidya Vikas Education Trust's**  
**VIDYA VIKAS UNIVERSAL COLLEGE, MUMBAI- 400 064**  
**APPLICATION FORM FOR ISSUE OF DUPLICATE MARK SHEET.**

Appl. No. \_\_\_\_\_

Date : \_\_\_\_\_

To,  
The Principal,  
Vidya Vikas Universal College  
Malad (West), Mumbai-400 064.

Sub.: Duplicate Marksheet/Passing Certificate

Dear Sir,

I, Miss/Mr. \_\_\_\_\_, student of your college have misplaced my  
marksheet of Semester \_\_\_\_\_ Examination of \_\_\_\_\_ Class of \_\_\_\_\_ Program. Please  
issue me a duplicate Mark sheet/Passing Certificate. Attached along with is the FIR registered with  
\_\_\_\_\_ police station. Also attached is the copy of the lost mark sheet **(if available)**.

Details of the Examination are as given below:

1. Examination was conducted in \_\_\_\_\_ .
2. My Seat No and / or Roll No. for the examination was \_\_\_\_\_.

My contact details are (i) \_\_\_\_\_ (ii) \_\_\_\_\_

The required fees Rs. \_\_\_\_\_ (Rs.100 for marksheet and Rs.100 for passing certificate for degree  
College) and Rs.10 (for Junior College) is paid herewith.

Yours faithfully,

\_\_\_\_\_  
(Name of the Student with signature)

**FOR OFFICE USE ONLY**

Received Rs. \_\_\_\_\_ from \_\_\_\_\_ Receipt No.  
\_\_\_\_\_ date \_\_\_\_\_ being the payment against duplicate mark  
sheet/passing certificate.

Dated signature of the clerk

**Vidya Vikas Education Trust's**  
**VIDYA VIKAS UNIVERSAL COLLEGE, MALAD (W), MUMBAI 400 054**  
**APPLICATION FOR SUBMISSION OF MEDICAL CERTIFICATE**

Appl. No. \_\_\_\_\_

Date : \_\_\_\_\_

To,  
The Principal,  
Vidya Vikas Universal College, Malad (West), Mumbai-400 064.

Sir/Madam,

I, Mr. Ms. \_\_\_\_\_, student of \_\_\_\_\_ class Div. \_\_\_\_\_ bearing Roll No. \_\_\_\_\_ could not attend my regular classes from \_\_\_\_\_ to \_\_\_\_\_ (both days inclusive) on account of the following \_\_\_\_\_.

Medical Certificate dates \_\_\_\_\_ issued by Dr. \_\_\_\_\_ as required by rules is attached.

Yours faithfully,

(Signature of Student)

(Name and signature of Parent / Guardian)  
(must be the same who has signed on the admission form)

**Rules:**

1. Fully completed and signed application form should be given in office during office hours on any working day within **THREE DAYS** of resuming attendance.
2. An official receipt will be given by the office on submission of application. The receipt should be preserved by the student.
3. The medical certificate submitted does not amount attending classes or examination or test. It only explains the medical condition of student.
4. Medical Certificate without specifying the exact dates should not be accepted.
5. If student is absent for more than three days, details of medical report – pathology test, X-ray reports etc. should be submitted.

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**Vidya Vikas Education Trust's**  
**VIDYA VIKAS UNIVERSAL COLLEGE, MUMBAI- 400 064**  
**FORM FOR IDENTITY CARD & LIBRARY READER'S TICKET**  
**JUNIOR / DEGREE COLLEGE**

Appl. No. \_\_\_\_\_

Date : \_\_\_\_\_

Fee Receipt No. \_\_\_\_\_

To,  
The Principal,  
Vidya Vikas Universal College  
Mumbai-400 064.

Paste one  
Stamp size  
Photo here

Student Signature (in Black  
Ink only)

Sir/Madam,

I, the undersigned, hereby apply for an Identity Card and Reader's Ticket entitling me to borrow books from Library. I hereby undertake to replace or pay the entire price of any book belonging to the College Library, which shall be lost or mutilated by me and to pay a fines and expenses in recovering the same in accordance with Rules, which I agree to abide. I shall observe all Rules and Regulations of the Library.

To be filled in by Students in **BLACK INK** and in **CAPITAL LETTERS** only.

Class: \_\_\_\_\_ Div.: \_\_\_\_\_ Roll No. : \_\_\_\_\_

Full Name \_\_\_\_\_  
(Surname) (First Name) (Father's/Husband's Name) (Mother's Name)

Local Address : \_\_\_\_\_

Blood Group \_\_\_\_\_ Contact No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

E-mail ID \_\_\_\_\_

Yours faithfully,

(Signature of Student)

**FOR OFFICE USE ONLY**

Received application form from Mr./Ms. \_\_\_\_\_ for issue of  
Identity Card and Reader's Ticket.

**Dated signature of the clerk**

**Vidya Vikas Education Trust's**  
**VIDYA VIKAS UNIVERSAL COLLEGE, MUMBAI- 400 064**  
**APPLICATION FOR RAILWAY CONCESSION**

Appl. No. \_\_\_\_\_

Date : \_\_\_\_\_

To,  
The Principal,  
Vidya Vikas Universal College  
Mumbai-400 064.

Sir / Madam

I wish to avail of the railway concession. Given below are the details as required:

NAME IN FULL: Mr. Ms. \_\_\_\_\_  
(IN BLOCK LETTERS) (SURNAME) (FIRST NAME) (FATHER'S NAME) (MOTHERS NAME)

CLASS : \_\_\_\_\_ DIV: \_\_\_\_\_ ROLL NO. \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE IN COMPLETE: YEAR \_\_\_\_\_ MONTH \_\_\_\_\_

CLASS (RAILWAY) : **FIRST/SECOND** PERIOD: **MONTHLY/QUARTERLY**

STATION : FROM \_\_\_\_\_ TO MALAD

RAILWAY : **WESTERN / CENTRAL**

ADDRESS (LOCAL) (IN BLCOK LETTERS): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby state and certify that the above information is true and factual.

Yours faithfully,

(Signature of Student)

**TO BE USED BY OFFICE ONLY**

1. Date of Issue: \_\_\_\_\_

2. Concession form No. \_\_\_\_\_

Signature of the clerk.

**Vidya Vikas Education Trust's**  
**VIDYA VIKAS UNIVERSAL COLLEGE, MUMBAI- 400 064**

**APPLICATION FOR TRANSCRIPT**

N.B. Please complete this form and submit it to the College Office.

Incomplete forms will not be considered.

Charges for Transcripts: Rs. 1000/- for 5 copies. Every additional copy will be charged at rate of Rs. 50/- per copy.

**Appl. No.** \_\_\_\_\_

**Date :** \_\_\_\_\_

**The Principal,**

VIDYA VIKAS UNIVERSAL COLLEGE,  
MALAD (W),  
MUMBAI - 400 064

Sir / Madam,

I wish to apply for transcripts. Given below is the required information and documents.

1. NAME OF THE STUDENT: \_\_\_\_\_  
(In CAPITAL CASE ONLY)      (Surname)                      (Name)                      (Father's Name)                      (Mothers Name)

2. E-mail Address: \_\_\_\_\_ Current Student  Alumnus

If Current student, mention Class and division \_\_\_\_\_

If Alumnus, Specify year of graduation \_\_\_\_\_

3. Permanent Address: \_\_\_\_\_

Current Address (If different from permanent address): \_\_\_\_\_

Tel: (Resident): \_\_\_\_\_ Mobile No: \_\_\_\_\_

4. Purpose for applying for a Transcript: \_\_\_\_\_

No. of Copies required: \_\_\_\_\_

**5. University Application Details:**

Details of University (s) applying to: (Please ✓ the appropriate box)

Country:  USA  UK  Canada  Australia  Other

If other, please mention \_\_\_\_\_

University/ies Name (s) \_\_\_\_\_

Degree:  Undergraduate  Graduate  Post graduate  Masters

Course Name: \_\_\_\_\_

I certify that the information given above is true and the documents attached are original and authentic.

I further state that I will use the documents for the reasons stated above.

**Date:**

**Signature of the student/ Parent/ Guardian.**

**PLEASE ATTACHE SELF ATTESTED COPIES OF THE DOCUMENT LISTED BELOW:**

1. Mark sheets of all the attempts of all the classes.
2. Self Attested copies of H.S.C. Leaving Certificate
3. Self Attested copy/ies of the Identity Card / Library Card issued by the College.
4. Copy/ies of the form of the foreign university/ies where the student wishes to apply
5. If the applicant is other than the student, a letter duly signed by the student authorizing the applicant to apply for and collect the transcript on his/her behalf. The application must be in original. Copy of the mail or Photocopy of the application will not be entertained.

**FOR OFFICE USE ONLY**

Received application form and sum of Rs. \_\_\_\_\_ (in words) \_\_\_\_\_  
from Mr./Ms. \_\_\_\_\_ for issue of \_\_\_\_\_ copies of  
Transcript .

**Dated signature of the clerk**

**Vidya Vikas Education Trust's**  
**VIDYA VIKAS UNIVERSAL COLLEGE, MALAD (W), MUMBAI- 400 064**  
**APPLICATION FOR ASSISTANCE FROM STUDENTS AID FUND / MANAGEMENT**

Appl. No. \_\_\_\_\_

Date : \_\_\_\_\_

**The Principal,**  
VIDYA VIKAS UNIVERSAL COLLEGE,  
MALAD (W),  
MUMBAI - 400 064

Sir,

I, the undersigned, wish to apply for financial assistance from Students' Aid Fund / from the Management. I hereby declare that the information given by me in this application is true correct.

Yours faithfully,

Date:

(Signature of the Student)

1. Name in full (Beginning with surname in Block letters): \_\_\_\_\_

Class : \_\_\_\_\_ Div. \_\_\_\_\_ Roll No. \_\_\_\_\_

2. Caste: \_\_\_\_\_ Sub-Caste: \_\_\_\_\_

3. Details of the last annual Examination passed:

Name and address of the School/College	Month & Year of Passing	Seat No. & Centre	Marks Obtained	Marks Out of	Percentage

4. Have you applied for / received any other scholarship / freeship from the Government / College / any other private or public institution / organization: **YES / NO.**

**TO BE FILLED IN BY THE PARENT OR GUARDIAN**

(a) Name in full \_\_\_\_\_

(b) Relation \_\_\_\_\_ Occupation \_\_\_\_\_

(c) Annual Income from all sources, Rupees

(d) No. of dependents \_\_\_\_\_ Earning Members \_\_\_\_\_

(e) Residential Address: \_\_\_\_\_  
\_\_\_\_\_

(f) General Remarks: : \_\_\_\_\_  
\_\_\_\_\_

I hereby certify that the information given in this form is correct.

Date:

(Signature of the Parent/Guardian)

\*Strike out the terms inapplicable.

**N.B.**-A student shall have to submit the certificate of income together with the application form.

**FOR OFFICE USE ONLY:**

**REMARK / OBSERVATION / RECOMMENDATION OF THE CHAIRPERSON OF THE STUDENT AID FUND COMMITTEE:**

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Dated signature  
Chairperson of the Committee

**PRINCIPAL'S REMARK :**

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Date : \_\_\_\_\_

\_\_\_\_\_  
Signature of the Principal

**Vidya Vikas Education Trust's**  
**VIDYA VIKAS UNIVERSAL COLLEGE, MALAD (W), MUMBAI 400 064**  
**AUTHORITY LETTER FOR COLLECTING EXAMINATION MARKSHEET**

(to be completed by the candidate and submitted to the office personally for verification before going out of station)

Appl. No. \_\_\_\_\_

Date : \_\_\_\_\_

To,  
The Principal,  
VIDYA VIKAS UNIVERSAL COLLEGE,  
MALAD (W), MUMBAI - 400 064

Sir,

I the undersigned, Mr./ Ms. \_\_\_\_\_ student of \_\_\_\_\_ Class bearing Roll No. \_\_\_\_\_ Seat No. \_\_\_\_\_ have passed the \_\_\_\_\_ Examinations held in \_\_\_\_\_ 20 \_\_. I am unable to take my admission personally because \_\_\_\_\_

\_\_\_\_\_. I seek your permission to authorize my \_\_\_\_\_ Mr./Ms. \_\_\_\_\_ the bearer of this letter to collect my original marksheet, of the FY/SY JC / FY / SY / TY / FOY/FIY/ B.Com. / B.M.S./ B.A.F. / B.F.M. / B.B.I. / B.Sc. (Micro)/ B.Sc.(IT)/ B.Sc.(CS) / M.Com. Examination conducted by the College / University in \_\_\_\_\_ 20 \_\_\_\_\_, on my behalf.

I state that I shall not hold the college responsible if the mark sheet is spoiled / damaged / lost after being collected by the bearer of this letter.

My I-card/Hall ticket is given to the bearer for presentation while collecting my mark sheet.

Full Name of the person authorized: \_\_\_\_\_

Address of the authorized person: \_\_\_\_\_

Signature of the authorized person: \_\_\_\_\_

Identification proof of the authorized person submitted to the College: \_\_\_\_\_

**Name & Signature of the student**

**Signature of the official who verified the signature of the student**

***Received original copy of the mark sheet of the above-mentioned student***

Date \_\_\_\_\_

**Name and Signature**  
**(to be signed at the time of collecting mark sheet)**

**Vidya Vikas Education Trust's**  
**VIDYA VIKAS UNIVERSAL COLLEGE, MALAD (W), MUMBAI 400 064**

**LETTER OF AUTHORITY FOR TAKING ADMISSION**

(to be completed by the student and submitted to the office personally for verification before going out of station)

Appl. No. \_\_\_\_\_

Date : \_\_\_\_\_

The Principal,  
Vidya Vikas Universal College,  
Malad - (W)  
Mumbai 400 064.

Sir,

I the undersigned, Mr./ Ms. \_\_\_\_\_ student of \_\_\_\_\_ Class bearing Roll No. \_\_\_\_\_ Seat No. \_\_\_\_\_ have passed the \_\_\_\_\_ Examinations held in \_\_\_\_\_ 20 \_\_. I am unable to take my admission personally because \_\_\_\_\_

\_\_\_\_\_. I seek your permission to authorize my \_\_\_\_\_ Mr./Ms. \_\_\_\_\_ the bearer of this letter to take admission to the FYJC/ SYJC/ FY / SY / TY B.Com. / B.M.S./ B.A.F. / B.F.M. / B.B.I. / B.Sc.(IT)/ B.Lib.Sc.,/ M.Com./FY/SY/TY/LL.B./ FY/SY/TY/FOY/FIY/ BLS. LL.B.,. class on my behalf. He / She will fulfill all the requirements of admission. (**Requirements:** Original Marksheet and three Identity Card sized photographs. Eg. For TY original mark sheets of FY & SY with three Identity card sized photographs).

I understand that my admission is provisional and will be confirmed only when I sign necessary documents and that no changes of subject will be allowed.

➤ Full name of the person authorized to take admission: \_\_\_\_\_

➤ Address of the authorized person in full: \_\_\_\_\_

➤ Signature of the authorized person :

➤ Given below is the choice and sequence of optional subject in order of preference:

1.

2.

- 3.
- 4.
- 5.
- 6.
- 7.

➤ Identification proof of the authorized person submitted to the College: \_\_\_\_\_

I hereby state and affirm that I will not apply for change of subject or any other alteration / changes in the subject allotted to me and will not hold the college responsible for allotting me the subjects based on the information provided by me.

Name & Signature of the student

Signature of the official  
who verified the signature  
and photographs of the student

Signature of the authorized person  
(at the time of taking admission)