

ISO 21001:2018 CIN NO.: U80301GJ2022NPL136590

NATURAYOG PARAMEDICAL & NURSING COUNCIL

An Autonomous Body Under NCT-Delhi Govt. Of India.

REGISTER UNDER MINISTRY OF CORPORATE AFFAIRS UNDER SECTION 8 COMPANY ACT GOVT. OF INDIA.

REGISTER UNDER LABOUR DEPARTMENT NCT NEW DELHI

DUPLICATE FORM

| Date of Apply:/ | _/ |
|-----------------|----|
| ARK SHEET | |
| | |

APPLICATION FOR ISSUE OF DUPLICATE MARK SHEET

Instructions:

- 1. Duplicate mark sheet will be issued only in case of lost or destroyed irrevocably.
- 2. The application is to be filled by candidate in English CAPITAL Letters in blue/black ink.)

| 1. Name of the Ap | plicant (Mr./Ms.) | Photograph of Applicant | | |
|---|--|--|--|--|
| (Write your full na in your Seconda | | | | |
| 2.Father's Name | | Paste your recent passport size color photograph | | |
| 3.Mother's Name | | Do not pin or staple | | |
| 4.Date of Birth | D D M M Y Y Y Y S. Sex (*) M F 6.Nationality | | | |
| 7. Permanent Add | lress | | | |
| | | | | |
| | Pin Code | | | |
| City | | | | |
| 8. Contact No./Wh | natsapp No. (Applicant) | | | |
| DETAILS OF THE DUPLICATE MARK – SHEET TO BE ISSUED | | | | |
| 9. Centre Name | | | | |
| 10. Course Name | | | | |
| 11. Course Code | | | | |
| 12. Year | | | | |
| FEE DETAILS | | | | |
| Rs. 1,000/- per Mark – Sheet is to be paid though Cash/Demand Draft (DD) or Debit/Credit Card. In case of fee paid through DD give the following details: | | | | |
| D.D. No. | Date Branch | | | |
| Demand Draft of Rs. 1,000/- to be made in favour of "AICVPS" payable at Hisar | | | | |
| In case of fee paid though Cash or Debit / Credit Card: Receipt No. | | | | |
| Date | | | | |
| 2. Self attested photo co 3. Self attested photo co | ppy of Class X mark sheet py of Class XII mark sheet py of Copy of lost / destroyed mark sheet, if available | nture of Applicant | | |

To be executed on Non judical Stamp Paper of Rs. 10/- and to be notarized

AFFIDAVIT FOR ISSUE OF DUPLICATE MARKSHEET

| I | |
|--|------------------|
| | |
| Father's Name | ••••• |
| Mother's Name | ••••• |
| Decident of | |
| Resident of | •••••• |
| | ••••• |
| Enrollment No | ••••• |
| | |
| Course | ••••• |
| Semester/Year | ••••• |
| | |
| Do hereby solemnly affirm as under: | |
| 1. That I have lost my mark sheet issued from AICVPS, & request the AICVPS to issue of | duplicate mark |
| card. | |
| 2. I undertake that if my lost mark sheet is found, I shall return the same to the AICVPS. | |
| 3. I undertake that in case someone misuses my lost mark card, I shall be solely responsib | le for the same. |
| | |
| 1 | Deponent |
| | |
| | |
| I above named deponent do hereby solemnly verify that the contents of my above affice correct within my knowledge & belief and nothing has been concealed. | davit are true & |
| correct within my knowledge & benef and nothing has been conceated. | |
| | |
| I | Deponent |
| | |
| | |
| VERIFICAITON | |
| | |
| Signed and verified at | of Year 20 |
| | |