

## Vishwakarma University

Survey No. 2, 3, 4, Laxmi Nagar, Kondhwa Budruk, Pune 411048 Email: student.section@vupune.ac.in, Phone: 020-26950324

## **Application for Character Certificate**

AY: 2020- 21

| Date:  | Γ                                    | 11. 2020- 21    |   |
|--|--------------------------------------|-----------------|---|
|  |                                      |                 |   |
| To,<br>The Registrar,<br>Vishwakarma Univ<br>Kondhwa (Bk), Pur | <b>3</b> ,                           |                 |   |
| Respected Sir,   |                                      |                 |   |
| I hereby apply for o   | character certificate. T             | his is required | for following purpose(s) (attach proof).  |
| My details are as fo   | ollows:                              |                 |   |
| SRN.   | :                                    | PRN:            |   |
| Student Name   | :                                    |                 |   |
| Mobile   | : Email ID:                          |                 |   |
| Faculty  | :                                    | : Department:   |   |
| Programme Name   | :                                    |                 |   |
| Last exam attende  | d details:                           |                 |   |
| Session: May / No  | ovember                              | AY: 20          | Year: I /II / III/ IV/ V  |
| Semester:  |                                      | F               | Result:   |
| Marks Obtained:  |                                      |                 | Grades Obtained   |
| Overall Result:  |                                      |                 |   |
|  |                                      |                 | specific purpose as mentioned above. Any aknowingly, I (applicant) will be responsible. |
| 1. All Semester Ma   |                                      | <b>-</b>        | Oi-market   |
| 2. Proof / details re  | -                                    |                 | Signature   |
| Duly Completed   | <b>For</b><br>d Application Received | Office Use On   |   |
| _  |                                      |                 |   |
|  |                                      | •               | details are not correct   |
| • Verified by (SFC   | 2 Staff Name & Signati               | ure):           |   |
| • HoD/ Dean Ren  | mark: Recom                          | mended / Not    | Recommended   |
| Name:  |                                      |                 | Signature:  |
| Student Discipl  | linary Committee Rem                 | ark: Recomn     | nended / Not Recommended  |
| Name:  |                                      | Signature:      |   |
| OSD Remark: 1  | Recommended / Not R                  | Recommended     | Signature:  |
| Registrar Remark: Approved / Not Approved                      |                                      |                 | Signature:  |