



Date:

**COURSE COMPLETION FORM**

(For students graduating with Degree/ Diploma)

**A. Student details:**

Name															
(fill in block letters)															

<b>Roll Number</b>						/						/			
<b>Course with Major</b>															
Month and Year of Last/ Final Examination appeared												2	0		

**B. Contact Details:**

PO Box															
Street															
City															
Country															
GSM															
Land Line															
Fax															
E mail Id															

**Important: check that you have cleared all the subjects and fulfill the requirements for the award of Degree/ Diploma.**



**C. No Dues from Departments:**

Signature of The Head of Department (with date)	
Signature of Dept. Lab. In charge (with date)	
Signature of Computer Lab. In charge (with date)	
Signature of Librarian (with date)	
Signature of Finance Manager (with date)	

**D. Original Certificates (if any) returned to the student:**

1	
2	
3	
4	
5	
6	

Signature of the candidate

Signature of the  
Registrar

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

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