

For Office Use

ENROLLMENT NUMBER

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Eligible for the Course:

- | | | | | | | | | | |
|---------|--------------------------|-----|--------------------------|----|---------|--------------------------|-----|--------------------------|----|
| 1. U.G. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 2. P.G. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| 3. C.T. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | 4. L.E. | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Recommendation of Checking Officer _____

This is to certify that the candidate is eligible for admission, Enrollment no. may be allotted.

Enrollment No.

Checked by

Date :

Signature
(Sanctioning Authority)

For A.F. use only

Eligible : (✓ Tick)	Yes	No	Course Fee paid full	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Fee Receipt Issued	Yes	No	Originals Verified	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Granted provisional admission subject to ratification by University.

Seal & Signature of Coordinator
