**PROFESSIONAL COURSES P.C.**

To

The Director

School of Distance Education

Andhra University, Visakhapatnam.

Sir,

 Kindly arrange to issue **3-year MBA / Exe.MBA /MBA (Hospital Administration)/Diploma in Management / MCA Degree Provisional Certificate** as per the particulars given below:

Name in Full:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Code No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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| **Name of the Subject** | **Regd. No.** | **Month & Year** | **Centre Name** |
| **I Year: P-1:**  |  |  |  |
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| **P-14:** |  |  |  |
| **II Year: P-1:**  |  |  |  |
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| **III Year: P-1:**  |  |  |  |
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| **P-8:** |  |  |  |

Note: All passed Marksheets Xerox Copies should be enclosed.

**SIGNATURE OF THE CANDIDATE**

**For OFFICE use only**

**T.F. Particulars: Superintendent, LI, SDE, AU**