

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: _____

Name of the Subject	Regd. No.	Month & Year	Centre Name
I Year: P-1:			
P-2:			
P-3:			
P-4:			
P-5:			
P-6:			
P-7:			
P-8:			
P-9:			
P-10:			
P-11:			
P-12:			
P-13:			
P-14:			
II Year: P-1:			
P-2:			
P-3:			
P-4:			
P-5:			
P-6:			
P-7:			
P-8:			
P-9:			
P-10:			
P-11:			
P-12:			
P-13:			
P-14:			
III Year: P-1:			
P-2:			
P-3:			
P-4:			
P-5:			
P-6:			
P-7:			
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