

REQUISITION FOR CERTIFICATE

SC

SDE Campus

Date

From

To

The Director
School of Distance Education
Andhra University
Visakhapatnam

Sir,

I request you to kindly arrange to issue my **Study Certificate**, I herewith enclose a Challan/
D.D. for Rs. My particulars are given below :

Name (IN BLOCK LETTERS) :

I.D. Card / Code No. :
with academic years

Course :

Purpose :

D.D. No. :

Date :

Yours faithfully,

FOR OFFICE USE ONLY

To

The Superintendent
Examination Section

Sir,

Please issue Certificate of the candidate and
send it to me for delivery to the candidate.

Date :

Time :

Learner Interface