

## THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA

Fatehgunj, Vadodara - 390 002, Gujarat, INDIA

## **Application Form for Obtaining Passing Certificate**

From,								
Name of the Applicant:								
PRN:								
Residential Address:								
City (With Pin Code)								
Mobile Number:								
e-Mail ID:								
Date of Application:								

## To, The Deputy Registrar (Examinations)

The Maharaja Sayajirao University of Baroda, Vadodara.

Sir,

I the undersigned request you to kindly issue me "Passing Certificate". My academic particulars are as follows:

Name of a Student											
(In full and in CAPITAL Letters)											
PRN											
Faculty/College											
Name of the Examination											
(As per Mark-sheet)											
Branch/Specialization, if any											
Seat Number			N	lonth	1 & Y	'ear	of Pa	assir	ng		
Class/Grade Obtained											
Total Marks obtained					0	ut of					
Purpose of Certification											

I hereby declare that, I have read the rules related to issuance of the said certificate. I the undersigned hereby solemnly affirm that the details specified hereinabove and the copies of testimonials and certificates submitted thereto in support of information filled in this form by me is/are accurate and as per the actual record(s) to the best of my knowledge.

	Procedure of Application: 1. Fee for present certification is ₹300/- [NON-REFUNDABLE] to be paid through NEFT/RTGS/IMPS in the
Yours faithfully,	following Bank Account: <ul> <li>Name of the Account: Registrar, The M. S. University of Baroda</li> <li>Name of the Bank: Bank of Baroda - Branch: University Campus Branch</li> <li>Account Number: 0201010000937</li> <li>IFSC: BARB<u>0</u>MSUNIV [The fifth character is Numeric ZERO]</li> </ul>
Signature of the Applicant	<ol> <li>Please submit the Xerox copy of the LAST Mark-sheet [All attempts] (In readable Horizontal Format) + Degree Certificate + Valid Photo Identity-card + RTGS/NEFT/IMPS Payment acknowledgement Screen-shot along with the scanned copy of the present application form on <u>office-exams@msubaroda.ac.in</u> under CC to <u>dr-exam@msubarosda.ac.in</u> through an email.</li> <li>Incomplete application will not be entertained.</li> </ol>
To be filled in while collection	<ol><li>The application should be made and signed by the applicant student. Application made by a person other than the student will not be entertained.</li></ol>
Certificate Number	5. This certification will be issued through an email.
EX27/	6. if the hard-copy of the certificate is required, the same may be collected <b>personally</b> after receipt of the email between 4:00 p.m. to 5:30 p.m. on all working days from the University Office.
Date of Forwarding/Collection	7. The Passing certificate will be issued to the candidate <b>In-Person</b> only on production of the Identity Card. In case the candidate is unable to remain present in person, the written authority from the applicant should be
Signature for Receipt of Certificate	produced along with the copy of photo ID Proof with signature of the student as well as copy of Valid Photo Identity-card of the authorized person collecting the certificate on Student's behalf.
	8. Enclosures: In case of student of Faculty of Medicine, One year/Six-month mandatory Internship completion certificate should be enclosed with an application in addition to what is stated at point 2 above.