



Application for Course Completion Certificate

Application No:

Date:

To
The Controller of Examination,
NHCE

Name of the Candidate : _____ **U.S.N:** _____

Programme: _____ **Course :** _____

Year of admission: _____

Year & Month of Completion : _____

Total Credits Earned: _____ **CGPA:** _____

Fees Details : Rs. 150/-

Online Receipt Number: _____

Contact No.(Residence) :

Mobile :

I hereby declare that aforementioned information are true and complete to the best of my knowledge, regulation and eligibility conditions of the University and have successfully completed the course. I also agree that the University is empowered to cancel my admission, forego the fee deposited, if any information furnished by me is found to be incorrect, misleading or counterfeited.

I request you to issue the Course completion Certificate.

Signature of the **Student**

RECOMMENDATION / REMARKS OF ACCOUNTS OFFICE

Signature of the **Director Accounts** with Seal

RECOMMENDATION / REMARKS OF DEPARTMENT / LIBRARY

Signature of the **Chief Librarian** with Seal

Signature of the **HOD** with Seal

Issued By :

Date: