

## Sam Higginbottom University of Agriculture, Technology And Sciences

**Directorate of Distance Education** 

## Application form for the issue of Degree/Diploma Certificate with Consolidated Marksheet

Read the Instruction carefully before filling the Form. Incomplete form will be rejected without any notice.

|  | 1. Enrollment Number (As in the   | he ID card) 2                    | . IPIP Code (optional)       | 3. Programme                    | Revised on 01-06-2025          |  |
|--|---|----------------------------------|------------------------------|---------------------------------|--------------------------------|--|
| Г  | <u></u>   |                                  |                              |                                 | 1001300 011 01-00-2020         |  |
| 4  | . Name of the Student as regist   | ered with the University at t    | he time of admission (BLOC   | CK LETTERS ONLY)                |                                |  |
| Γ  |   |                                  |                              |                                 | 1                              |  |
| 5  | 5. Father's Name of the Student as registered with the University at the time of admission (BLOCK LETTERS ONLY) |                                  |                              |                                 |                                |  |
|  |   |                                  |                              |                                 | Please affix a recent Passport |  |
| 6. Demand Draft No. 7. Date 8. Amount The Demand Draft of candidate  |   |                                  |                              |                                 |                                |  |
| d d m m y y y y Rs. 3 5 0 0 Rs. 3,500 in favour of  9. Name of the Bank  10. Date of Birth  "DDE, SHUATS" a/c  |   |                                  |                              |                                 |                                |  |
|  | d d m m y y y y payable at Allahabad from any bank  |                                  |                              |                                 |                                |  |
| 11. Academic Details: Marksheet details of Programme.  |   |                                  |                              |                                 |                                |  |
| SI.  | Programme & Semester/Year   | Month & Year of passing          | IPIP Code (Optional)         | Marks obtained Maximum N        | Marks Markseet SL No.          |  |
| 2  |   |                                  |                              |                                 |                                |  |
| 3  |   |                                  |                              |                                 |                                |  |
| 4  |   |                                  |                              |                                 |                                |  |
| 5  |   |                                  |                              |                                 |                                |  |
| 6  |   |                                  |                              |                                 |                                |  |
| 7  |   |                                  |                              |                                 |                                |  |
| 8  |   | f Marila Charata at all Comments | . / Vaara Caraatha latamahin | andificate (ONLY for Allied Hea | Ith December )                 |  |
| Note: Attach self-attested copies of Mark-Sheets of all Semesters / Years. 6 months Internship certificate (ONLY for Allied Health Programme).  DECLARATION  |   |                                  |                              |                                 |                                |  |
| I hereby declare that all the information given by me in this form is true and correct to the best of my knowledge and belief. I have attached all required documents and demand draft with this form. |   |                                  |                              |                                 |                                |  |
| belief. I have attached all required documents and demand draft with this form.  |   |                                  |                              |                                 |                                |  |
| Date Place Signature of the Student  |   |                                  |                              |                                 |                                |  |
| Full Address for Correspondence / Mailing the Degree / Diploma Certificate (in Capital Letters):   |   |                                  |                              |                                 |                                |  |
| Name :   |   |                                  |                              |                                 |                                |  |
|  |   |                                  |                              |                                 |                                |  |
| Father Name :  |   |                                  |                              |                                 |                                |  |
| Address :  |   |                                  |                              |                                 |                                |  |
|  |   |                                  |                              |                                 |                                |  |
| Landmark:  |   |                                  |                              |                                 |                                |  |
| District:  |   |                                  |                              |                                 |                                |  |
| State:   |   |                                  |                              |                                 |                                |  |
|  |   |                                  |                              |                                 |                                |  |
| PIN:   |   |                                  |                              |                                 |                                |  |
| Phone / Mobile:  |   |                                  |                              |                                 |                                |  |
| Full Address for Correspondence / Mailing the Degree / Diploma Certificate (in Capital Letters):   |   |                                  |                              |                                 |                                |  |
| Name :   |   |                                  |                              |                                 |                                |  |
| Father Name :  |   |                                  |                              |                                 |                                |  |
| Address :  |   |                                  |                              |                                 |                                |  |
|  |   |                                  |                              |                                 |                                |  |
| Landmark:  |   |                                  |                              |                                 |                                |  |
| District:  |   |                                  |                              |                                 |                                |  |
| State:   |   |                                  |                              |                                 |                                |  |
| PIN:   |   |                                  |                              |                                 |                                |  |
| Phone / Mobile:  |   |                                  |                              |                                 |                                |  |

## **Important Instructions**

- The Application Form is to be filled by the student in his / her own handwriting in English, using black ball point pen very carefully in Block Letters only.
- All fields of the application form are mandatory and must be filled in with legible handwriting.
- The applicant must ensure the completeness of the application form in all respect, including contact details. Partially filled application forms shall summarily be rejected without assigning any reason(s) and there shall be no separate communication by the University be made with the applicant. No complaint will be entertained in this regard. Fees once paid, cannot be refunded or held in reserve.
- Please ensure that your name in the MARKSHEET is correctly spelled as per the HS / SSC or equivalent exam before applying for issue of Degree / Diploma Certificate.
- The address of the students must be complete in all respect. PIN Code, Telephone / Cell No. and e-mail address (if any) must be mentioned.
- Six months (06) Internship certificate is to be enclosed (for Allied Health courses only). The
  Demand Draft of Rs. 3,500/- should be made in favour of "DDE, SHUATS" a/c payable at
  Allahabad from any Bank. Cash or other mode of payment will not be accepted.
- The applicant must write his / her name, Enrollment Number and Contact number on the back-side of the Demand Draft.
- Candidates are advised to send their applications by Speed/ Registered Post, to avoid loss in postal transit. The Degree / Diploma will be sent to the candidate by Speed/ Registered Post.
- The following documents duly self attested should be enclosed with the application form;
  - (a) Copy of High School Mark Sheet and Certificate (b) Copy of Intermediate Mark Sheet and Certificate (c) Copy of the Under Graduate Degree Certificate in the case of P.G. applicants. (Attach all documents applicable for eligibility of the programme as submitted at the time of Admission.)
- The complete Application Form along with demand draft is to be sent on the following address:

## DIRECTOR Directorate of Distance Education Sam Higginbottom University of Agriculture, Tech. & Sciences Naini, Allahabad - 211007 Ph.: 0532-2684317, Email - dir\_dde@shuats.edu.in CHECK LIST: (Please tick the boxes or write 'NA' if not applicable) DD is attached The candidate has signed Declaration Copy of High School Certificate and Mark Sheet Copy of Intermediate Certificate and Mark Sheet Copy of the Under Graduate Degree Certificate in the case of P.G. applicants