



Regd. Number : _____

YOGI VEMANA UNIVERSITY, KADAPA.

APPLICATION FOR PROVISIONAL PASS CERTIFICATE

(i) Regular candidates should send this application with a fee of Rs..... through the Principal of the college where he/she last studied.

1. (a) Name of the Candidate as registered in the Records of this University (in Block Letters) :
(b) Father's Name :
2. (a) Name of the Course / Subject :
(b) Period of study :
(c) Institution(s) in which studied :
3. Name of the Examination :
Month and year Passed :
Register Number :
Examination Center :

- | | | |
|--------------|-----------------------|----------------|
| 4. Semester | Month and Year Passed | Class obtained |
| I Semester | | |
| II Semester | | |
| III Semester | | |
| IV Semester | | |

5. Particulars of fee paid (Enclose the D.D./Challan (The candidate should send only D.D./Challan On S.B.I. Payble at Y.V.U. campus, Kadapa) :
- Bank : _____
- Date of Payment: _____
- Amount : _____
- Demand Draft No. _____

6. ADDRESS WITH MOBILE NUMBER

SIGNATURE OF THE CANDIDATE