



**INDIAN INSTITUTE OF
BUSINESS & TECHNOLOGY**
Centre for Distance Learning

Duplicate Mark Sheet / Certificate Application

ENROLMENT NO.

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To,
The Controller of Examinations,
Indian Institute of Business & Technology,
Maharashtra

Receipt No.

Date:

Name of the Candidate in Block Letters :

Father's Name (in block letters) :

Examination Passed :

Annual / Semester : Passing Year :

% of marks : Division : Examination Centre :

held in the month of Jan / April / July / October :

Permanent Address of the Candidate:

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I solemnly declare that the particulars given above are correct to the best of my knowledge.

I certify that the above entries made by the applicant is correct.

Payment Details:

**Fees for Issue of Duplicate Certificate
or Mark Sheet Rs. 500**

**DD in favour of " Indian Institute of
Business & Technology" payable at
Aurangabad.**

Amount :

DD No :

Date :

Bank :

Your's Faithfully

Candidate's Name & Sign

Approved By:

Seal & Stamp