



**MADURAI KAMARAJ UNIVERSITY**  
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2	Address of the Candidate with Pin Code and Email				
3	Name of the Degree & Subject		Degree	Subject	
4	Month and year of passing		Month	Year	
5	Name of the Examination centre (if D.D.E. student) and Centre Code / Name of the College & Centre Code (if College Student)	Exam Centre			
		Centre Code			
		Enrolment Number / Register Number			
6	Purpose for applying				
7	No. of copies required	Any others please specify	Mark Statement (No. of Copies)	Provisional Certificate (No. of Copies)	Degree Certificate (No. of Copies)

Place:  
Date:

Yours faithfully,

**SIGNATURE OF CANDIDATE**

NOTE:	1	<b>CANDIDATES SHOULD ENCLOSE THE CLEAR XEROX COPIES OF THE CERTIFICATES FOR OBTAINING OFFICIAL TRANSCRIPT</b>
	2	The fee should be paid through SBI Online.
	3	<b>Filled-in application along with fee paid details should be sent to Dr. O. Ravi, Controller of Examinations, M.K. University, Madurai – 625 021</b>

**“FOR MADURAI KAMARAJ UNIVERSITY OFFICE USE Only”**

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