

GOVT OF ASSAM
STATE COUNCIL FOR TECHNICAL EDUCATION : ASSAM : KAHILIPARA , GUWAHATI-19.

To : The Controller of Examinations,
 State Council for Technical Education,
 Assam, Kahilipara, Guwahati-19.

(Through the Principal/ Director ,

Name of Institution :

Sub : Regarding issue of Original Certificate / Duplicate certificate / Duplicate Mark sheet (s)/ Registration card / Migration Certificate

Sir/ madam

I have the honour to request you kindly to issue me original certificate / Duplicate certificate / Duplicate Mark sheet / Registration card / Migration Certificate (Strike out whichever is not applicable) as per the details given below.

Sl no	Month & Year of Examination	Semester	Regular/ Back

(Use separate sheet in the same format if more than 3 (three) documents are required)

Bank draft / Bank Journal noDated..... amounting to
 Rs..... Rupees) dated
 towards requisite fees for the certificate / Mark sheet / Registration card is submitted and DTE's copy of Bank challan/
 Bank Draft is enclosed herewith.

Yours faithfully,

(Signature of the candidate)

NAME (in Block Letter) Roll No.....

Branch Institute Contact No.....

(For Institute Office use only)

Memo no dated

Verified the above details and forwarded to the Controller of Examinations, SCTE , Assam for favour of taking necessary action. The applicant is/ was a student of this Institute and he/she has passed / appeared the examination as stated above.

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(Signature of the Principal/ Director)

Date & Seal :

(For SCTE office use only)

Deposited Rs.Verified & found correct. May be put up for original/ Duplicate certificate / marksheet / Registration card/ Migration certificate.

(Signature)
 Dealing Assistant.