

**GOVT ENGINEERING COLLEGE BARTON HILL
THIRUVANANTHAPURAM
APPLICATION FOR CERTIFICATES/SUBMISSION**

Name (In Block Letters)	
Admission No.	
KTU Registration No.	
Program (Please √)	<input type="checkbox"/> B.Tech. <input type="checkbox"/> M.Tech. <input type="checkbox"/> Ph.D
Branch (Please √)	<input type="checkbox"/> CE <input type="checkbox"/> ECE <input type="checkbox"/> EEE <input type="checkbox"/> IT <input type="checkbox"/> ME <input type="checkbox"/> TPLC
M.Tech. Stream (if applicable)	
Semester (Please √)	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S3 <input type="checkbox"/> S4 <input type="checkbox"/> S5 <input type="checkbox"/> S6 <input type="checkbox"/> S7 <input type="checkbox"/> S8
Purpose of Certificate /Submission (Attach separate sheet if required)	
Nature of Certificate/Submission (Please √) Attach a separate sheet if detailed submission is required.	<input type="checkbox"/> Bonafide <input type="checkbox"/> Medium of Instruction <input type="checkbox"/> No Objection <input type="checkbox"/> NOC for Internship <input type="checkbox"/> Provisional Examination <input type="checkbox"/> Additional Exam Registration <input type="checkbox"/> KTU password resetting <input type="checkbox"/> Digipay Password resetting <input type="checkbox"/> E-Grantz <input type="checkbox"/> National Scholarship <input type="checkbox"/> Other Scholarships <input type="checkbox"/> Fees Structure for Educational Loan <input type="checkbox"/> Student Projects <input type="checkbox"/> Break of Study <input type="checkbox"/> Other (Please specify)
Remarks (if any)	
Is there a specific format for the certificate? (Please attach the format/ payment receipt for Provisional / Additional Exam registration)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Verification and Recommendation by Staff Advisor	
Name and Dated Signature of Staff Advisor	
Name and Dated Signature of Head of the Department	
Department Seal	
Verification and Recommendation by KTU Exam Wing Co-ordinator with Name & Dated Signature (For Provisional Exam and Additional Exam Registration only)	
Mobile Number & Email id	
Signature of Applicant	
Date of Application	

FOR OFFICE USE

Dated Signature of Principal	
Date of issue of Certificate	
Remarks (if any)	

Received the Certificate(s)/ NOC

Name :
Signature :
Date :