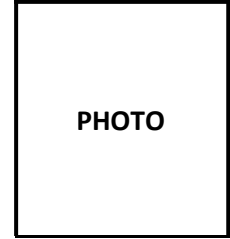**Raghavendra Institute of Pharmaceutical Education & Research (Autonomous)**
ANANTHAPURAMU -515 721, A.P.

APPLICATION FOR PROVISIONAL CERTIFICATE

PHOTO

H.T.No.										

Student Aadhar No.											

NAME OF THE CANDIDATE *(In Block Letters As Per S.S.C)*	
FATHER'S NAME *(In Block Letters As Per S.S.C)*	
MOTHER'S NAME *(In Block Letters as per any Id Proof issued by GOVT.,)*	

COURSE AND BRANCH	Degree	
	Branch	

MONTH & YEAR OF PASSING EXAM *(To be filled by the candidate, who completed the course)*	

PERMANENT ADDRESS	
	PIN CODE:
MOBILE NUMBER	

FEE TO BE PAID : (Rs.500/-)

Bank: _____ D.D./Challan No _____ Date: _____

NOTE:

1. Demand Draft / Challan for Rs. 500/- should be drawn in favour of the **Principal, R.I.P.E.R ANANTAPUR, ANANTHAPURAMU.** Payable at Anantapur.
2. Xerox Copy of SSC Certificate (attested by the college Principal) should be enclosed.
3. Xerox copy of any ID card issued by Government for Mother Name proof (attested by the college Principal) should be enclosed.

Date: **SIGNATURE OF THE CANDIDATE**

For College Office Use only
Certificate of Identification

I certify that Mr. / Mrs. /Miss. _____

S/o / D/o of _____ & _____ is a bonafied Student of

(College   Name): _____ College

Code: _____ during _____ to _____ with H.T. No. _____

Date: **Signature of the Principal**

With office Seal