



ST. XAVIER'S TECHNICAL INSTITUTE, MAHIM

Government Aided Autonomous Minority Institute, Approved by A.I.C.T.E. New Delhi

Mahim Causeway, Mumbai. Pin – 400 016

Phone: 24455937, 24454559; 24451961, 24460359 Fax: +91(22)2445 4482

E-mail: office@xaviertech.com

Application for Duplicate Hall Ticket

Date: _____

To,

The Principal / Controller of Examination

Subject: To issue Duplicate Hall Ticket.

Sir / Madam,

I the undersigned kindly request you to issue me the Duplicate Hall Ticket of Semester _____
of Regular and / or Backlog of Summer / Winter _____.

Name of the candidate: _____

SPN: _____ Contact Number: _____ Programme : _____

Address of the candidate:

Photocopy of documents to be submitted with application:

1. Examination fees receipt

Leaving certificate

Yours faithfully,

Sign:

Name of candidate / applicant:

For office use only

To Accounts office

Kindly accept the amount of Rs.* _____ /-

Principal/ Controller of examination

Received Rs. _____/- against receipt no. _____

Date: _____

Signature of Cashier / Accountant

*Duplicate Hall ticket Rs. 100/-



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Application for Duplicate Marksheet / Diploma Certificate / Provisional Certificate

Date: _____

To,
The Principal / Controller of Examination

Subject: To issue Duplicate Marksheet / Diploma Certificate / Provisional Certificate.

Sir / Madam,

I the undersigned kindly request you to issue me the Duplicate Marksheet of **Semester One / Semester Two / Semester Three / Semester Four / Semester Five / Semester Six / Diploma Certificate / Provisional Certificate.**

Name of the candidate: _____

SPN: _____ Programme: _____ Year of passing: _____

Contact Number: _____

Address of the candidate:

Photocopy of documents to be submitted with application:

1. All semesters mark sheets (which ever available)
2. Leaving certificate
3. Diploma passing certificate
4. Police station report original copy (only for issuance of Duplicate documents)
5. Affidavit on Rs. 100/- stamp paper (only for issuance of Duplicate documents)

Yours faithfully,

Sign:

Name of candidate/ applicant:

For office use only

To Accounts office

Kindly accept the amount of Rs.* _____ /- (mark sheets) /- + Rs*. _____ /- (Diploma Certificate) + Rs. * _____ /- (Provisional Certificate)

Total amount Rs. _____

Principal/ Controller of examination

Received Rs. _____ /- against receipt no. _____

Date: _____

Signature of Cashier / Accountant

*Duplicate Marksheet Rs. 200/-

*Duplicate Diploma certificate Rs.500/-

* Provisional Certificate Rs.100/-



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Application for Name correction on Marksheet / Diploma Certificate

Date: _____

To,
The Principal / Controller of Examination

Subject: To correct the name on Marksheet / Diploma Certificate.

Sir / Madam,

I the undersigned kindly request you to correct my name on the Marksheet of Semester One / Semester Two / Semester Three / Semester Four / Semester Five / Semester Six / Provisional Certificate / Diploma Certificate.

Printed Name of the candidate: _____

Name as per SSC Marksheet: _____

Name as per HSC Marksheet (if applicable): _____

SPN: _____ Year of passing: _____ Contact Number: _____

Programme: _____

Address of the candidate: _____

Photocopy of documents to be submitted with application:

1. All semesters mark sheets (which ever available)
2. Leaving certificate
3. Diploma passing certificate
4. Copy of SSC mark sheet
5. Copy of HSC mark sheet

Original document on which name has to be corrected:

Semester 1 Semester 2 Semester 3 Semester 4 Semester 5

Semester 6 Provisional Certificate Diploma Certificate

Yours faithfully,

Sign:

Name of candidate / applicant: _____

For office use only

To Accounts office

Kindly accept the amount of Rs. _____ /- (mark sheets) /- + Rs. _____ /- (Diploma Certificate)

Total amount Rs. _____

Principal/ Controller of examination

Received Rs. _____ /- against receipt no. _____

Date: _____

Signature of Cashier / Accountant

*Corrected Marksheet Rs. 200/- * Corrected Diploma certificate Rs.500/- * Corrected Provisional Certificate Rs.100/-



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Application for Transcript

Date: _____

To,

The Principal / Controller of Examination,

Subject: To issue transcript set/s.

Sir / Madam,

I the undersigned kindly request you to issue me _____ number/s of transcript/s and / or

Name of the candidate: _____

SPN: _____ Year of passing: _____ Contact Number: _____

Programme: _____

Address of the candidate:

Photocopy of documents to be submitted with application:

1. All semesters mark sheets
2. Leaving certificate
3. Diploma passing certificate

Yours faithfully,

Sign:

Name of candidate / applicant:

For office use only

To Accounts office

Kindly accept the amount of Rs.* _____ /- + postage charge Rs. _____ /-

Total amount Rs. _____

Principal/ Controller of examination

Received Rs. _____ /- against receipt no. _____

Date: _____

Signature of Cashier / Accountant

*Two Copies Rs. 1500/-