

FORMAT FOR ISSUE OF A DUPLICATE COPY OF UNIVERSITY DIPLOMA/DEGREE/CERTIFICATE

To	10	
The Registrar, EIILM University, Sikkim.	Receipt No Date	
Name of Candidate (in block letters	s in English)	
Father's Name (in block letters)		
Enrollment No.	Examination passed Annual	/ supplementary
Held in the month of		
Roll No	Division	
Name of College, Hall, Institution a	and other particulars	
Permanent Address		
I solemnly declare that the particula	ars given above are correct to the best of my know	vledge.
I certify that the above entries made	e by the applicant are correct.	
Payment Details:		
Fun for Issue of Degrac/Diploma Curafficate Ra. 500'-		
OD to be inference of ETS.M University Payable at Jorethang Siddm		
Amount		
DD No	Ye	ours faithfully
Date	1000	
Bank	Signat	ure of the candidate