



# NEHRU ARTS AND SCIENCE COLLEGE

An Autonomous Institution, Affiliated to Bharathiar University  
Accredited with "A+" Grade by NAAC (3.50 CGPA in Third Cycle)  
ISO (QMS & EOMS) Certified, Recognized by UGC with 2 (f) and 12 (B)  
Nehru Gardens, Thirumalayampalayam  
Coimbatore - 641 105, Tamil Nadu, India



Office of Controller of Examinations

E-mail: [coenasc@nehrucolleges.com](mailto:coenasc@nehrucolleges.com)

## Original Certificate Request Letter from Parents / Guardians

Date :

|                                    |                                                                              |   |                                                                                                                                                                                                                 |
|------------------------------------|------------------------------------------------------------------------------|---|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Details of the Student             | Name of the Student                                                          | : |                                                                                                                                                                                                                 |
|                                    | Register Number                                                              | : |                                                                                                                                                                                                                 |
|                                    | Programme                                                                    | : |                                                                                                                                                                                                                 |
|                                    | Batch                                                                        | : |                                                                                                                                                                                                                 |
| Details of the Parents / Guardians | Name of the Parents / Guardians                                              | : |                                                                                                                                                                                                                 |
|                                    | Contact Number                                                               | : |                                                                                                                                                                                                                 |
|                                    | Address                                                                      | : |                                                                                                                                                                                                                 |
|                                    | Details of Certificate Requested (Please tick which certificate is required) | : | Semester Mark Statement (s) <input type="checkbox"/><br>Consolidated Mark Statement <input type="checkbox"/><br>Provisional Certificate <input type="checkbox"/><br>Degree Certificate <input type="checkbox"/> |

## Signature of the Parents / Guardians

(For Department Use - list of documents to be attached for verification)

|                                                    |                      |
|----------------------------------------------------|----------------------|
| Copy of E-mail communication received from Student | Signature of the HoD |
| Contact Number of the Student                      |                      |
| College ID Card copy of the Student                |                      |
| Aadhar Card copy of Student                        |                      |
| Aadhar Card copy of Parents / Guardians            |                      |
| Contact Number of the Parents / Guardians          |                      |

Note : HoD should verify the Documents attached and forward Request Letter to the Approval of Principal

**PRINCIPAL**

(For CoE office Use)

|                               |                                                    |
|-------------------------------|----------------------------------------------------|
| Details of Certificate Issued | Receiver Signature (Parents / Guardians) with Date |
|-------------------------------|----------------------------------------------------|

Controller of Examinations