DASHMESH KHALSA COLLEGE, ZIRAKPUR

APPLICATION FORM FOR ISSUE OF CHARACTER CERTIFICATE

College Name: _____

Application No.: _____

Date: ___ / ___ / _____

Student Details

Student Name: _____

Father's Name: _____

Class/Course: _____

Semester/Year: _____

College Roll Number: _____

University Registration Number: _____

ABC ID: _____

Mobile Number: _____

Email ID: _____

Permanent Address:

_____

_____

Purpose of Character Certificate

☐ Higher Education

☐ Employment

☐ Scholarship

☐ Competitive Examination

☐ Other (Specify): _____

Number of Copies Required: _____

Declaration by Student

I hereby certify that the information provided above is true and correct. I request the college to issue a Character Certificate for the purpose mentioned above.

Student Signature: _____

Date: ___ / ___ / _____

Verification

Class In charge /HOD Remarks: _____

Signature: _____

For Office Use Only

No Dues Verified: ☐ Yes ☐ No

Character Certificate Issued: ☐ Yes ☐ No

Certificate Number: _____

Dealing Assistant Signature: _____

Principal Signature & Seal: _____