



NORTH ORISSA UNIVERSITY
SRIRAM CHANDRA VIHAR, BARIPADA-757003, ODISHA

APPLICATION FORM FOR ISSUE OF DUPLICATION REGISTRATION RECEIPT

1. Name of the students :
(in Block letters)
2. i. Father's Name :
ii. Mother's Name :
3. Date of birth :
4. Name of the college :
(through which registered)
5. Year of registration :
(Academic Session and stream)

Arts/ Commerce/ Science
6. Duplicate registration receipt in respect of registration of student will be issued on submission of court affidavit in the event of loss/ damage of original one.
7. No. and Date of FIR/ Affidavit-
8. A sum of Rs.100/- (Rupees one hundred) only has been deposited/ remitted vide cash receipt/ challan No..... Dt..... enclosed herewith.
9. Any student who wants to obtain the DRR by post may remit a sum of Rs. 150/- (Rupees one hundred fifty) only in shape of Bank Draft/ Bank Challan.
10. The Bank Draft must be in favour of Comptroller of Finance, North Orissa University, Baripada from any nationalized bank payable at Baripada.

Date.....

Full signature of the applicant

Memo No.

// Dt.

The above candidate has signed his/ her application form in my presence. His/ her Regd No. is..... and the duplicate registration receipt may be issued to the candidate.

Principal

..... College