

PROFORMA FOR EQUIVALENCE CERTIFICATE

NAME OF CANDIDATE: (AS PER DEGREE)		Photograph
FATHER NAME:		
EMAIL ADDRESS:		
PASSPORT NO:		
CONTACT NO:		
DATE:		

Name of Degrees	Name of University/ Board	Branch Name	Reg/Roll No.	Mode of Study (Regular/Private /Part Time)	Session	
					Start	End

SIGNATURE OF THE APPLICANT