



**COURSE SPECIALIZATION CERTIFICATE**

Enrollment Number : - \_\_\_\_\_

Name of Programme : - \_\_\_\_\_

Year : - \_\_\_\_\_

Name of Applicant : - \_\_\_\_\_

Father's Name : - \_\_\_\_\_

Mother's Name : - \_\_\_\_\_

Address : - \_\_\_\_\_

\_\_\_\_\_ Pin Code \_\_\_\_\_

Email Id \_\_\_\_\_

Mobile \_\_\_\_\_

Paste recent  
Passport Size  
Photograph.

Note: - The Course Specialization Certificate will be send directly on the aforementioned address. In case of change in address for correspondence applicant is required to fill change of address application alongwith this form.

**Payment Details:**

- Enclose **Demand Draft** of Rs. 1500/- in favor of Arunachal University of Studies payable at Namsai, Arunachal Pradesh.

**OR**

- Enclose Transaction Slip of **Online Transfer** of Rs 1500/- in favor of Arunachal University of Studies, A/c No. 33162597948, State Bank of India, Branch: Namsai, Arunachal Pradesh vide IFSC code: SBIN0013311.

I hereby declare that the information/ document submitted by me are true copies of the original and are true to best of my knowledge & belief. I further declare that I am abided by the regulations and eligibility conditions of the University. I understand that I may be required to furnish additional information/ document incase the University demands. I also understand that my candidature or award from the University can be withdrawn at any given point of time even after issuance, if, the information submitted by me is found to be incorrect or counterfeited.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**Enclosures:**

1. DD/Online Transaction Slip in favor of Arunachal University of Studies as per the directions mentioned overleaf.
2. Self-attested testimonials {See instructions for filling Application Form}.