



**Sam Higginbottom Institute of Agriculture, Technology and Sciences**  
**(Formerly Allahabad Agricultural Institute)**  
**Deemed-to-be-University**  
**Directorate of Distance Education**  
 Format of the Affidavit (On Rs. 15/- judicial stamp paper)  
**Following affidavit is to be enclosed with the Application Form**

**SHIATS**  
 A University  
 With  
 GLOBAL REACH

I, \_\_\_\_\_ son / daughter of \_\_\_\_\_  
 Aged \_\_\_\_\_ residing at \_\_\_\_\_ solemnly affirm and  
 state as follows:

1. I declare that I have lost the original testimonial as detailed below :

Roll No.	Particulars of the Original Testimonial Lost

2. I declare that in spite of diligent search I am unable to trace the originals of the aforesaid document and hence they are lost. If traced, I will produce them before the University.

3. I declare that I have not misused the same and I shall not misuse the same if recovered.

4. I declare that for the purpose of \_\_\_\_\_ I need the certified  
 duplicates of the aforesaid document.

5. It is therefore necessary that on the strength of this affidavit certified duplicates are issued to me by the university.

6. The information and declaration is true to my knowledge and consciousness.

**Signature of the DEPONENT**

Solemnly affirmed and signed before me on this day of \_\_\_\_\_  
 \_\_\_\_\_ Dt \_\_\_\_\_

**NOTARY PUBLIC**

**IMPORTANT INSTRUCTIONS**

- The Form is to be filled by the student in his/her own hand writing in English using black ball point pen very carefully in Block Letters only.
- The payment of Fees will be made through Demand Draft only in favour of DDE, AAI-DUA/c payable at Allahabad.
- The address of the student must be complete in all respect. It is compulsory to mention pin code number, telephone/ Cell number and e-mail address (if any)
- The Form having overwriting, striking out or erasure of any kind is liable to be rejected.
- The FEES once paid will NOT be refunded or adjusted.
- The Student must attach the Affidavit as per the University Specimen duly verified by the Notary Public and Public Notice published in Newspaper regarding lost Certificate (Attach original copies).
- The DESC Co-ordinators and Students are required to retain the Xerox of the filled form and Demand Draft for future reference.
- The complete Form along with all the required enclosures must be sent on the following address:

**The Coordinator Examination**

Directorate of Distance Education  
 Sam Higginbottom Institute of Agriculture, Technology & Sciences  
 Naini, Allahabad-211 007  
 Phone : 0532-2684317



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**APPLICATION FORM FOR THE ISSUE OF DUPLICATE MARKS CARD**

*Read the instructions given overleaf carefully before filling the form*

<b>Enrollment Number</b> (As in the ID card)	<b>DESC Code</b>	<b>Programme</b>	<b>Semester/Year</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of the Student as registered with the University at the time of admission			
<input type="text"/>			
Father / Husband's Name			
<input type="text"/>			
Complete Correspondence Address (Do not repeat the name)			
<input type="text"/>			
<input type="text"/>			
e-mail Address	STD Code	Phone/Cell	Pin code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Demand Draft No.	Date	Amount	Name of the Bank
<input type="text"/>	<input type="text"/>	Rs. <input type="text"/>	<input type="text"/>
<i>(The Demand Draft of Rs. 200/- (Two Hundred Rupees only) per Marks Card in favour of DDE, AAI-DU, A/c payable at Allahabad)</i>			
Reason (Indicate briefly the reason for issue of duplicate Mark Card)			
<input type="text"/>			
<input type="checkbox"/> Affidavit as per University specimen duly verified by Notary Public. <input type="checkbox"/> Public Notice published in Newspaper/s regarding lost Marks Card (Attach Original Copy).			
<b>Declaration</b>			
I hereby declare that all the informations given by me in this Form are true / correct to the best of my knowledge and belief. I have attached all required documents and Demand Draft with this Form.			
Date		Signature of the Student	
Place			
<b>For Hony. Co-ordinator, DESC Use Only</b>			
DESC Code	Phone/Cell	e-mail Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
It is certified that all the informations mentioned by the student in this Form are correct as per the record.			
Date		Seal & Signature of the Coordinator	
Place			
<b>For Office use only</b>			
Enrollment No. _____		D.D. No. _____	
Date of Receiving _____		D.D. Amount _____	
Sent for verification to _____		Issuing Branch _____ Issuing Date _____	