ASSEMBLY OF CHRIST ACADEMY

Institute of Management

Affix self-attested recent passport size photograph

To,
The Controller of Examinations, ACA, Kolkata,

SUB : ISSUE OF CERTIFICATE

1. Applicant Details

Name : _____

Father's Name : _____

Mother's Name : _____

Address : _____

_____

_____ **Pin code** _____

2. Study Center Details

Center Code : _____

Name : _____

Address : _____

_____

_____ **Pin code** _____

Contact No. : _____

3. Contact No. :

4. Email :

5. Examination Passed :

6. Year of Passing :

7. Final Exam Roll Number :

8. Enrollment No. :

9. Academic Details (Enclose attested Xerox copies of all Documents)

Qualification	School / College	Board / University	Div. / Class	% of Marks
10th Level				
12th Level				
Graduation				
Any Other				

10. Semester Details (Enclose attested Xerox copies of Mark sheets of all semesters)

Semester	Month & year of Passing	Semester Total	Grade	% of Marks

11. Details of fees paid :

DD No.	DD Date	DD Amount(Rs.)	Bank Name (DD should be payable at Kolkata)

Specimen Signature of the Candidate

Seal & Signature of the Center Coordinator