

KANNUR UNIVERSITY
(Academic Branch)
PH:04972715335 Extn.228

APPLICATION FOR ELIGIBILITY/ EQUIVALENCE CERTIFICATE

(To be filled by the Applicant)

1. Name (in block letter) : _____

2. Postal Address (in block letters) : _____

Phone No : _____

3. Sex : Male/Female

4. Date of Birth:

5. Nationality : _____

6. Details of the Degree for which certificate is required

Name of College/University/ Board/ Institution	Name of Degree	Nature of Study	Duration of the Course	Reg.No & Year of Passing	Whether Semester System	Pattern
		Regular/ Correspondence/ Distance Education/ External/ Private				Single Main/ Double Main/ Triple Main/ N.A

7. Name of the degree of Kannur University to which equivalence is sought

Purpose for which certificate is required

Employment	Higher Studies	Any other purpose
(The applicant should furnish below the details of the specific purpose)		

8. Whether the attested copy of the certificate and marklist are submitted: Yes/No.

P.T.O

9. Details of the fee remitted

Name of Treasury/Bank	Chalan No.	Date	Amount

(Head of Account- Treasuries in Kerala-8658-00-102-96 (27)KUS
SBT - by way of Chalan Slip.

10. Details of the Documents submitted with this application form:

1.
2.
3.
4.
5.

I do hereby declare that the entries made above are correct to the best of my knowledge.

Place :

Date :

Signature of the applicant.

FOR OFFICE USE ONLY
(CHECK SHEET)

1.File No.
2.Whether the Degree to be equated is a UGC specified degree:
3. Whether the University which issued the Degree is approved by AIU
4.Whether the Degree to be equated is recognized by Kannur University If yes details.
5.FFR No :
6.Any other remarks :

The application is in order/not in order.

Sanction may be/may not be accorded by the Registrar for the issuance of Eligibility Certificate.

Equivalence Certificate (Folio No.....Date.....)
Put up may be signed by the Registrar.

Date of Despatch

ASSISTANT

SECTION OFFICER

ASSISTANT REGISTRAR

JOINT/DEPUTY
REGISTRAR

