



GOVT. OF ASSAM
STATE COUNCIL FOR TECHNICAL EDUCATION::: ASSAM
KAHILIPARA, GUWAHATI-19

To : The Controller of Examinations,
State Council for Technical Education,
Assam, Kahilipara, Guwahati-19

Through the Principal /Director.....
Name of Institution.....

Sub : Regarding issue of Original Certificate /Duplicate Certificate /Duplicate Mark sheet(s)/Name
Correction/Duplicate Registration Card/ Migration Certificate.

Sir /Madam,

I have the honour to request you kindly to issue me Original Certificate/Duplicate
Certificate/Duplicate Mark sheet/ Registration Card/Migration Certificate (Strike out whichever is not
applicable) as per the details given below:-

S/N	Month and year of Examination	Semester	Regular/Back
1			
2			
3			

(Use separate sheet in the same format if more than 3 (three) documents are required)

Bank draft/Bank Journal No.....dated..... amounting to
Rs..... (Rupees.....
Dated..... ..towards requisite fees for the Certificate/Mark sheet /Registration card is submitted
and DTE's copy of Bank Challan/ Bank draft is enclosed herewith.

Yours faithfully

(Signature of the candidate)

Name(in block letter).....

Roll No.....Branch.....

Institute.....

Contact No.....

(FOR INSTITUTE USE ONLY)

Memo No.....

Dated.....

Verified the above details and forwarded to the Controller of Examinations, State Council for Technical
Education, Assam for favour of taking necessary action. The applicant is/was a student of this Institute
and he/she has passed/ appeared the examination as stated above.

(Signature of the Principal/Director)

Date and seal

(For SCTE Office Use only)

Deposited Rs..... verified and found correct. May be put up for Original/Duplicate
certificate Mark sheet/Registration card.

Signature of Dealing Assistant