

Duplicate Certificate Application Form

Full Name of Applicant

Date of Birth

Contact Number

Permanent Address

Details of Lost/Damaged Certificate

Type of Certificate

Year of Issue

Registration/Enrollment Number

Reason for Request (e.g., Lost, Damaged)

Declaration

I hereby declare that the information furnished above is true to the best of my knowledge. I request the issuance of a duplicate certificate.

Applicant's Signature

Date

Important Notes:

- Attach a copy of the FIR or official complaint for lost certificates, if applicable.
- Provide proof of identity with this application.
- Fees may be applicable for processing the duplicate certificate.
- Incomplete forms may be rejected without notice. Please check all fields before submitting.
- Processing time may vary; follow up with the issuing authority for updates.