

Student Full Name: _____

Signature: _____

Mobile Number: _____

Date: _____

To,
The Principal / Head of Department
VISHWABHARTI GIRLS COLLEGE-MORTHANA

Subject: Application for Returning All Original Documents

Respected Sir/Madam,
I respectfully state that I,

_____ (Student Full Name),

Course: _____ (FY/SY/TY)

Semester/Year: _____ (Semester & Batch)

Roll Number: _____

had submitted my original documents at the time of admission. I kindly request you to return the following documents.

Please Tick (✓) The Required Original Documents:

12th Marksheet

Sem-1 Seat No: _____, Sem-2 Seat No: _____,

Sem-3 Seat No: _____, Sem-4 Seat No: _____,

Sem-5 Seat No: _____, Sem-6 Seat No: _____ **Result.**

Any Other: _____

Kindly return the above-mentioned documents.

Thanking you.

Parent's Signature: _____ Student Signature: _____

FOR OFFICE USE ONLY

1. Admin Office: _____

Signature: _____

2. Class Teacher: _____

Signature: _____

3. Principal Signature: _____

4. HOD: _____

Signature: _____