



**SHREEMATI NATHIBAI DAMODAR THACKERSEY  
WOMEN'S UNIVERSITY**

Pariksha Bhavan, Sir Vithaldas Vidyavihar, Juhu Road, Santacruz (W), Mumbai – 400 049.  
TEL : 022-26608462/93 EXTN.: 395, 022-26615168, 26606197 EXTN.:103 , 104. & 022-26612877 (Direct)

Website : [www.sndt.ac.in](http://www.sndt.ac.in), Email: [sndtmcdc@gmail.com](mailto:sndtmcdc@gmail.com)

(University Counter Form)

**The Controller of Examinations**  
SNDT Women's University,  
Pariksha Bhavan, Juhu, Santacruz (W),  
Mumbai – 400 049.

Amount Paid Rs.: _____
Receipt No.: _____
Date : ____/____/____

**APPLICATION FORM FOR DEGREE / DIPLOMA CERTIFICATE (Fee Rs - 375/-)**

**To be filled by Student only:**

**A} Personal Details**

1] Full Name of Student at the time of Examination : \_\_\_\_\_  
(Surname) (First Name) (Middle Name) (Mother's Name)

2] Complete Postal Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Pin - \_\_\_\_\_

3] Contact Details : Mob. \_\_\_\_\_ Telephone No. \_\_\_\_\_

**B} Academic Details**

1] Name of the College/ Department : \_\_\_\_\_  
: \_\_\_\_\_ Telephone No. \_\_\_\_\_

2] Name of the Examination : \_\_\_\_\_

3] Seat Number : 

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 Month & Passing Year: \_\_\_\_\_

4] Class / Grade : \_\_\_\_\_ Specialization (if any): \_\_\_\_\_

5] Institute Code : \_\_\_\_\_ Centre Name: \_\_\_\_\_ Centre Code: \_\_\_\_\_

6] Mode of Study : As Regular Student  By Distance Education

7] Mode of Payment : By Cash  By D.D.  D.D.No \_\_\_\_\_ Bank \_\_\_\_\_ Date \_\_\_\_\_

Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of the Student

**NOTE : i) Degree / Diploma Certificate Fee Rs.375/-.**

ii) Attach a Photocopy of the **Final Year Marksheet**

iii) D.D. should be in favour of **"The Registrar, SNDT Women's University", Mumbai.**

iv) Student can collect their Degree / Diploma Certificate in Person or **by giving proper authority letter prescribed by University alongwith identity proof.**

v) Fees can be paid by **Cash/D.D.** only.

**For Payment & submission : Pariksha Bhavan, Accounts & Degree Dept.,  
Monday to Friday - 10.30 a.m. to 1.00 p.m. & 01.45 p.m. to 2.30 p.m.**

# AUTHORITY LETTER

Smt. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. No.: \_\_\_\_\_

Mob No : \_\_\_\_\_

Date : \_\_\_\_\_

To,  
The Controller of Examinations,  
Pariksha Bhavan,  
S.N.D.T Women's University,  
Juhu Campus, Santacruz (West),  
Mumbai – 400 049.

Sub : Collection of Degree / Diploma Certificate

Dear Sir,

I, Ms. / Smt. \_\_\_\_\_ passed my \_\_\_\_\_ examination held in month of \_\_\_\_\_ year \_\_\_\_\_ with a Seat No. \_\_\_\_\_. I am unable to make personal visit to the Pariksha Bhavan for collecting my Degree / Diploma Certificate. Hence, I am authorizing to Shri. / Smt. \_\_\_\_\_, Aged \_\_\_\_\_ years to collect the said Certificate on my behalf. I am attaching herewith the copies of identification – proofs with photo of the bearer of this authority Letter who is named above. I hererby request you to hand over the said Degree / Diploma Certificate to the above stated person and oblige,

Thanking You.

\_\_\_\_\_  
(Signature of bearer)

Name & Address of bearer:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_

Mob. No. \_\_\_\_\_

Yours Sincerely

\_\_\_\_\_  
(Student of the Signature)

# अ धि कार प त्र

श्रीमती - .....  
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.....

दुरध्वनी क्रमांक - .....  
मोबाईल क्रमांक - .....

दिनांक -

प्रति,  
मा. परिक्षा नियंत्रक,  
परिक्षा भवन,  
एस.एन.डी.टी. महिला विद्यापीठ,  
जुहु, सांताक्रुझ(पश्चिम),  
मुंबई - ४०० ०४९.

विषय - डीग्री / डीप्लोमा सर्टिफिकेट मिळण्याबाबत...

महोदय,

मी श्रीमती.....आपल्या विद्यापीठातून सन .....  
.....या शैक्षणिक वर्षात ..... ही परिक्षा उत्तीर्ण झाले. माझा परिक्षा आसन क्रमांक .....  
..... आहे. माझे प्रमाणपत्र तयार असून हे पदवी / पदविका प्रमाणपत्र घेण्याकरीता मला प्रत्यक्ष येता येत नसल्यामुळे हे  
अधिकार पत्र घेऊन येणारे श्री. / श्रीमती. .... वय ..... वर्षे त्यांच्या  
ओळखीचा पुरावा सोबत जोडला आहे, त्यांना  
माझे पदवी / पदविका प्रमाणपत्र स्विकारण्याचा अधिकार प्रदान करित आहे, त्यांची स्वाक्षरी पुढीप्रमाणे आहे, कृपया सदर पदवी  
पदविका / प्रमाणपत्र त्यांच्याकडे देण्यात यावे अशी विनंती आहे, कळावे.

आपली विश्वासु,

.....  
(अधिकार पत्र आणणा-याची स्वाक्षरी )

.....  
विद्यार्थिनीची स्वाक्षरी

नाव व पुर्ण पत्ता - .....  
.....  
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.....  
दुरध्वनी क्रमांक - .....  
मोबाईल क्रमांक - .....