



IXCEL CENTRE FOR PROFESSIONAL STUDIES
OFFICE OF THE CONTROLLER OF EXAMINATIONS

Application No: _____

Date: _____

APPLICATION FORM FOR DUPLICATE CERTIFICATES

1.	Name of the Candidate				
2.	Register Number				
3.	Level & Branch				
4.	Period of Study				
5.	Permanent / Communication address	Mobile No(s).			
		E-mail ID			
Details of Duplicate Certificate / Mark sheet(s)					
6.	Semester / Year	Appeared Examination Month & Year	(Tick Required Colum)		Percentage of Marks
			(A) Regular Semester	(B) Arrear Semester	
	1.				
	2.				
	3.				
	4.				
	5.				
	6.				
		After course completed			
Total No of Grade sheet(s) / Mark sheet(s)					
7.	Other Duplicate Certificates (Tick required)		a) Mark sheet <input type="checkbox"/> b) Certificate <input type="checkbox"/> c) Bonafide Certificate <input type="checkbox"/>		
8.	Mode of receipt of Certificate(s)		In Person : <input type="checkbox"/> By Post : <input type="checkbox"/>		
10.	Fees Paid Details:		Date : _____ Receipt No: _____ Amount : ` _____		

NOTE: For any Clarification and Queries contact our Office

Ixcel Centre for Professional Studies

Registered to: Department of Higher Education, Male', Republic of Maldives.

Reg. No: 166-D/A-1/2008/03

www.ixcel.edu.mv | Mail:info@ixcel.edu.mv / Phone: 7926707

Signature of Student

FOR OFFICE USE ONLY

Administrator Name and signature	Signature Institute Seal Dean/Course Coordinator
<u>Details of Dispatch BY POST</u> Date : Consignment No: Dispatched by :	<u>Received all Certificate(s) as mentioned above</u> (IN PERSON) _____ (Name and Signature with Date)

INSTRUCTIONS TO APPLY FOR DUPLICATE CERTIFICATES

1. Duplicate certificate will be issued only when it is lost or destroyed irrevocably.
2. Application should be made only by the candidate in the prescribed format and should be submitted at the Office. Application received on behalf of the candidate will not be accepted.
3. Application should be complete in every respect. Failure to furnish correct details may cause delay in the issuing the certificate.
4. Documents Required:
 - I. Photocopies of the lost statement of marks or grade card or grade sheet / certificates (if available).
 - II. Id card copy.
5. Fee Details:

Certificates	Level 3	Level 4	Diploma
Mark sheet(Per sheet)	50/-	50/-	65/-
Course Certificate	75/-	100 /-	325/-
Bonafide certificate	25/-	25/-	25/-

6. If the Original Certificates/ Grade sheets are recovered later, the Duplicate certificates/ Grade sheets must be surrendered back to the Institute immediately.
7. This form will be valid only if it is duly signed by the respective Dean/Course Coordinator/ Head of the Department.

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AFFIDAVIT TO BE FILED FOR ISSUE OF DUPLICATE DEGREE CERTIFICATE

Affidavit of Mr / Miss/ Mrs _____ Student Name _____

01. I _____ Student Name _____, Son / daughter of _____ Father Name _____ aged _____ Years, an old student / student of _____ Faculty name _____ (Faculty), IXCEL CENTRE FOR PROFESSIONAL STUDIES with register number _____ Register number _____ and residing at _____ House address _____ do hereby solemnly and sincerely state as follows:

02. My _____ Course Name _____ certificate issued relating to the examinations held during _____ Period of study _____ issued by the IXCEL CENTRE FOR PROFESSIONAL STUDIES, _____ Atoll/Island _____ has irrevocably been lost / destroyed.

03. I file this affidavit for the purpose of receiving duplicate certificate.

04. The duplicate certificate shall be returned to the Institute once my original certificates / are recovered by chance.

05. The facts stated are true and correct to the best of my knowledge and if found false by the Institute, I shall abide by the decision of the Institute.

06. Solemnly affirmed.

At (place) _____

This (date) _____

Month and year _____

Place:

Date :

SIGNATURE OF THE APPLICANT.

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