



APPLICATION FORM FOR CERTIFICATE OF CONVERSION FROM CGPA TO PERCENTAGE
(Revised on May 2019)

1. Name in full: **Mr/Ms**..... Regn. No.
2. Parent's name Phone No.
(F/M/G#):
3. Dept./Branch Sem/Sec.
4. Email ID Phone No.
5. Hosteller/Day scholar. If hosteller, specify the Hostel/Room No:
6. Attachment of Self addressed stamped envelope for receiving by post/ Authorization Letter for receiving by Third party (only for pass out Students). **Institute will not be liable for any loss/non-receipt by the applicant.**
 - (i) Authorization Letter: Yes/No
 - (ii) Self-addressed stamped envelope: Yes/No
7. Supporting Documents attached.
 - (i) Attested copy of the Mark sheet of all Semester: Yes/No
 - (ii) Attested copy of the Degree Certificate (for the Pass out Students): Yes/No
8. Reason for the said certificate:.....
9. Total nos. of backlogs (only for in-house students):.....
10. Signature of the student: Date:/...../.....
11. Remarks of TG :
12. Approved by HOD/Associate Director (A)* : Date
13. Approved by Director): Date
- 14. Duly filled in application endorsed/approved by the competent authorities along with supporting documents as stated above shall be submitted to the DCE (Tech) for issuing the documents. [Contact No: 03592- 246117/ 246118/ 246119/ 246120 ext: 688, 235]**

F: Father/M: Mother/G: Legal guardian – Strike out whichever is not applicable

* Associate Director (A) only for 1st. year students and HODs for Higher semester students.



APPLICATION FORM FOR FINANCIAL ASSISTANCE FROM BENEVOLENT FUND
(Revised on May 2019)

1. Name in full: **Mr/Ms**..... Regn. No.
2. Parent's name Phone No.
(F/M/G#):
3. Dept./Branch Sem/Sec.
4. Email ID Phone No.
5. Hosteller/Day scholar. If hosteller, specify the Hostel/Room No:
6. (i) Valid reason(s) for requesting financial assistance from benevolent fund .
.....
.....
(ii) Date by which the last fees was paid:/...../.....
7. Supporting Documents attached.
 - (i) Death Certificate of Parent verified by OS with original: Yes/No
 - (ii) Income Certificate from competent Govt. authority original Yes/No
 - (iii) Affidavit by First Class Magistrate Original Yes/No
 - (iv) Results with mark sheet of last examination verified by DCE (Tech): Yes/No
8. Total nos. of backlogs:
9. Signature of the student: Date:/...../.....
10. Remarks of TG:.....
11. Remarks of OS – Number of cases of indiscipline, total dots, total points
.....
12. Remarks by department of finance about outstanding fees if any:
13. Recommended by HOD/ Associate Director (A)*: Date:.....
14. Approved by Director:Date:
- 15. Duly filled in application endorsed/approved by the competent authorities along with supporting documents as stated above shall be submitted to the AR(A) for record and further actions.[Contact No: 03592- 246145 OR 03592- 246117/ 246118/ 246119/ 246120 ext: 270]**

F: Father/M: Mother/G: Legal guardian – Strike out whichever is not applicable

* Associate Director (A) only for 1st. year students and HODs for Higher semester students.

F: Father/M: Mother/G: Legal guardian – Strike out whichever is not applicable

* Associate Director (A) only for 1st. year students and HODs for Higher semester students.



APPLICATION FORM FOR DUPLICATE ID /LIBRARY/MESS CARD
(Revised on May 2019)

1. Name in full: **Mr/Ms**..... Regn. No.
2. Parent's name Phone No.
(F/M/G#):
3. Dept./Branch Sem/Sec.
4. Email ID Phone No.
5. Address in Hostel:
6. Address if not in Hostel :

7. <u>Documents Attached:</u> (a) Admission Certificate	<table border="1" style="display: inline-table;"><tr><td style="width: 20px; height: 20px; text-align: center;">Y</td><td style="width: 20px; height: 20px; text-align: center;">N</td></tr></table>	Y	N	
Y	N			
(b) If for extension after completed period of course give details as:				

8. <u>Reason for the said Document:</u>	

9. If lost, whether FIR lodged (copy to be enclosed) – **Yes/No**
10. **Fees Paid (Receipt to be attached):Rs.**.....
11. Signature of the student: Date:/...../.....
12. Remarks by Asst. Manager (FIN) about outstanding fees if any:
.....
13. Approved by HOD/ Associate Director (A)*:Date:.....

14. Duly filled in application endorsed/approved by the competent authorities along with supporting documents as stated above shall be submitted to the Associate Director (A) for first year students.

[Contact No: 03592- 246145 OR 03592- 246117/ 246118/ 246119/ 246120 ext: 270]

F: Father/M: Mother/G: Legal guardian – Strike out whichever is not applicable
* Associate Director (A) only for 1st. year students and HODs for Higher semester students.



SMIT SIKKIM
MANIPAL
UNIVERSITY
SIKKIM MANIPAL INSTITUTE OF TECHNOLOGY