

**OFFICE OF THE CONTROLLER OF EXAMINATIONS****ST. ALBERT'S COLLEGE (AUTONOMOUS)****ERNAKULAM, KOCHI – 682 018**

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APPLICATION FOR PROVISIONAL CERTIFICATE**(B.A/B.Sc./B.Com. Degree)**

Name of the Candidate (in block letters)			
Address with Pin Code (in block letters)			
Phone No/Mobile No		Gender	
Name of the Programme			Model
Register Number (PRN)			
COURSE DETAILS <i>(Candidates need to fill only the columns of the relevant courses)</i>			
Common Course I			
Common Course II			
Core Course			
Complementary Course	1. 2.		
Open Course			
DETAILS OF EXAMINATIONS PASSED			
Semester	Month & Year	SCPA	Grade
I			
II			
III			
IV			
V			
VI			
FINAL RESULT (CCPA) & GRADE			
Place :			
Date :	Signature of the Candidate :		

Forwarded by Head of the Department