



INDIRA KALA SANGIT VISHWAVIDYALAYA , KHAIRAGARH(C.G.) – 491881

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DEGREE-PROFORMA

To,
In-charge, Examination Section,
Indira Kala Sangit Vishwavidyalaya,
KHAIRAGARH- 491881(C.G.)

Sir,
I am writing to request to kindly send my Degree of _____ Examination.
I have passed the _____ Examination in the year _____ and my
Roll No. was _____. I have remitted the amount of Rs. 300/- by Bank Draft/Cash . The
Draft/Cash Receipt of which is enclosed. Draft/Cash Receipt No. _____ Date
_____ .

(नोट :- वर्ष 2001 के पूर्व के छात्र ही उपाधि शुल्क 300/- जमा करें)

Yourø Faithfully

Full Address in Block Letters

Signature

Full Name _____
Date _____

OFFICE OF THE PRINCIPAL _____

Endt.No. _____

Date _____

This is to certify that _____ has passed his/her
examination of _____ from Indira Kala Sangit
Vishwavidyalaya, Khairagarh(C.G.) in the year _____. His/Her Roll No. was
_____ .

Kindly send his/her DEGREE on the address given above.

Signature of the Principal
(With Seal)

Head of the Department
UTD, IKSVV, Khairagarh