

**FORM - 1**

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

To  
The Director of Evaluation  
JNTUH  
Kukatpally, Hyderabad – 500085  
Sir,

Sub: Issue of Duplicate Marks Memo/CMM – Reg.

Ref: 1) Hall-ticket number of the candidate is \_\_\_\_\_

2) Affidavit from the student \_\_\_\_\_

With reference to the subject cited above, Mr./Ms. \_\_\_\_\_,  
a student of B.Tech./B.Pharmacy/M.Tech./M.Pharmacy/MBA/MCA bearing the hall-ticket  
number \_\_\_\_\_ requires his/her marks memos which are mentioned below.

S.No.	Year - Semester	Regular	Supplementary *		
		Month & Year	Month & Year	Month & Year	Month & Year
1					
2					
3					
4					
5					
6					
7					
8					

\*If more than four appearances in any semester, it should be mentioned overleaf (backside)

a) Total No. of duplicate marks memos required: \_\_\_\_\_

b) Duplicate CMM required (Yes/No): \_\_\_\_\_

Total number of certificates required (a) + (b) \_\_\_\_\_ x 200 = \_\_\_\_\_

The affidavit from the student is enclosed herewith. Hence you are requested to issue above said memos of this candidate. As the candidate lost his/her original certificate, it may be withdrawn after the issue of the duplicate, for all third party/background verifications. Further I am authorizing the student to receive these certificates directly from the exam branch of the University.

Thanking you

Yours Sincerely  
PRINCIPAL

Signature of the student

Enclosure:

1) Details of payment of Rs.1200/- per each memo with the following payment details.  
Instrument (DD/Challan/Online /T-wallet) No \_\_\_\_\_ date \_\_\_\_\_