



**VINAYAKA MISSIONS UNIVERSITY**  
**DIRECTORATE OF DISTANCE EDUCATION**  
**SALEM, TAMILNADU**

APPLICATION FOR DUPLICATE CERTIFICATE

1. Name of the Candidate :
2. Register No. :
3. Name of the course :
4. Name of the Study Centre & Code :
5. Month & Year of last appearance :
6. Reason for which Duplicate Certificate is requested :

Place :

Date :

Signature of the Candidate

**Details of Remittances:**

Name and Place of the Bank :

Amount & Date of payment :

Demand Draft No . :