



**UNIVERSITY OF PETROLEUM & ENERGY STUDIES
Dehradun**

INFORMATION FORM FOR DUPLICATE ID CARD

(Kindly fill all the details in Capital Letters only)

Date:

1. Student's Name :
(In English Capital Letters – As per 10th Class Certificate)



2. Program & Branch : Semester:.....

3. Enrollment Number :

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4. SAP ID :

5. Duration of the Program : From: To:

6. Father's/Mother's Name :

7. Address (Permanent) :

..... City/Distt:..... State:

..... Pin Code:

Phone No.:

8. Emergency Contact Number :

9. Blood Group :

10. Date of Birth

Specimen Signature of the Student:



UNIVERSITY OF PETROLEUM & ENERGY STUDIES Dehradun

REQUEST FORM FOR MIGRATION CERTIFICATE

Date:

Name of the Candidate (as per 10th certificate) :

Enrollment No. :

SAP ID :

Father's Name :

Course & Branch :

Course Status : Completed / Discontinued

College of Study :

Period of Study : From:..... To:.....

Correspondence Address :

.....

.....

.....

.....

Contact No. :

Email ID :

.....
(Student' Signature)

FOR OFFICE USE ONLY

Verified by :	Issued by :
.....	
Signature :	Signature :
.....	
Date :	Date :
.....	



University of Petroleum & Energy Studies, Dehradun

College of Management & Economics Studies

NO DUES CERTIFICATE CoMES

SAP ID: _____

Name of the Student: _____ Enrollment No.: _____

Programme: _____ Batch: _____ Reason for leaving: _____

It is to certify that the above said student has no dues towards our department:

S. No.	Department/Office	Dues (if any)	Head of the Department	Signature (with date)	Remarks
1.	Hostel				
2.	MI Room				
3.	Sports Department				
4.	Admin. Department				
5.	Career Services		H - CSO / CSO		
6.	Computer / IT				
7.	Library				
8.	Finance				

Date: _____ Signature of the Student: _____

Programme Coordinator: _____ Dean (CoMES): _____

Submitted at SRE on: _____ Received by: _____

ID card Submitted/ Not Submitted: _____

Last Class Attended :

PEP Attended:

Industrial Tour Attended:



University of Petroleum & Energy Studies, Dehradun

College of Legal Studies

NO DUES CERTIFICATE - CoLS

SAP ID: _____

Name of the Student: _____ Enrollment No.: _____

Programme: _____ Batch: _____ Reason for leaving: _____

It is to certify that the above said student has no dues towards our department:

S. No.	Department/Office	Dues (if any)	Head of the Department	Signature (with date)	Remarks
1.	Hostel				
2.	MI Room				
3.	Sports Department				
4.	Admin. Department				
5.	Career Services		H - CSO / CSO		
6.	Computer / IT				
7.	Library				
8.	Finance				

Date: _____ Signature of the Student: _____

Programme Coordinator: _____ Dean (CoLS): _____

Submitted at SRE on: _____ Received by: _____

ID card Submitted/ Not Submitted: _____

Last Class Attended :

PEP Attended:

Industrial Tour Attended:



University of Petroleum & Energy Studies, Dehradun
College of Engineering Studies

NO DUES CERTIFICATE-CES

Name of Student: _____ Enrollment No.: _____ SAP ID : _____

Programme: _____ Batch: _____ Reason for Leaving: _____

S. No.	Department / Office	Dues (if any)	Head of the Department	Signature (with date)	Remarks
1.	Physics Lab				
2.	Chemistry Lab				
3.	Computer Programming Lab				
4.	Engineering Workshop Lab				
5.	Electrical and Electronics Lab				
6.	Concerned Department's Lab				
7.	Hostel				
8.	MI Room				
9.	Sports Department				
10.	Administration Department				
11.	Career Services		H - CSO / CSO		
12.	Library				
13.	IT Department				
14.	Finance				
15.	Registration @ DSA (only for graduating batch)				
16.	Course Coordinator				

Date: _____

Signature of Student: _____

Head of the Department: _____

Dean/ Associate Dean (CES): _____

Submitted at SRE on: _____

Received by: _____

ID card Submitted: Yes/No: _____

Details to be filled by Course Co-ordinator:

Last Class Attended: _____

PEP Attended/ Not Attended: _____ Industrial Tour Attended/Not attended: _____



UNIVERSITY OF PETROLEUM & ENERGY STUDIES
Dehradun - 248001

To : Controller of Examination
University of Petroleum & Energy Studies
Dehradun

Authority Letter to Collect the _____(Documents)
for Program_____ Batch _____ in respect of Roll
no._____ SAP Id 5000_____Name _____

I hereby authorize Mr./Ms./Mrs. _____,

R/o _____

Telephone No. _____ whose three specimen signature are
appended below, is hereby authorized to collect the Degree Certificate on my behalf
due to my inability to come personally to collect the same.

Specimen Signature

Specimen Signature

Specimen Signature

Signature of the Student : _____

Name of the Student : _____

Enrolment of the Student : _____

Program & Batch : _____

Telephone No. : _____

Date _____



UNIVERSITY OF PETROLEUM & ENERGY STUDIES Dehradun

APPLICATION FORM FOR RE-EVALUATION OF ANSWER SCRIPT

SAP No :

5	0	0	0						
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 Last Date of Submission: _____

Enrolment No :

R									
---	--	--	--	--	--	--	--	--	--

 Programme : _____

Name : _____ Semester : _____

Name of Examination : End Semester/ Supplementary _____

Date/Month/Year of examination : _____

Mobile No: _____ Emergency Contact No: _____

S. No.	Subject Code	Subject Name	Grade obtained in the Subject
1			
2			
3			
4			
5			

Re-checking Fee Rs. 250/- per subject
(Enclose copy of the fee-receipt & Grade card)
UNDERTAKING

I hereby state that this application for re-evaluation of answer script is submitted within a period of fifteen days from the date of declaration of result.

I also understand that re-evaluation imply only to ascertain, whether the marks awarded to various answers have been correctly added and the examiner has evaluated answer to all the questions written by the Examinee.

Student's Signature

Date:

Course Coordinator

FOR OFFICE USE ONLY

Result Declared on (Date): _____

S. No.	Course Code	Subject Name	Change in Marks / Grade (Yes/No)	Deviation	Revised Mark /Grade (Yes/No)
1					
2					
3					
4					
5					

Checked by _____

Verified by _____

Controller of Examination

Date: _____