



Sant Dnyaneshwar Shikshan Sanstha's

ANNASAHEB DANGE COLLEGE OF ENGINEERING AND TECHNOLOGY, ASHTA

(An Autonomous Institute affiliated to Shivaji University, Kolhapur)

Office of Controller of Examinations



Date: -

To,
The Controller of Examinations,
ADCET, ASHTA.

Sir / Madam,

I, the undersigned request you to kindly issue me the **Other Issue** _____

A) Academic Details :

URN No.	:										
Candidate Name	:										
Branch Name	:										
Year (Tick ✓ at Appropriate Column)	:	First Year B. Tech.		Second Year B. Tech.		Third Year B. Tech.		Final Year B. Tech.			
Semester (Tick ✓ at Appropriate Column)	:	I	II	III	IV	V	VI	VII	VIII		
Contact No.	:										
Email ID	:										
Detail of Month / Year of Examination	:										

***Note: - Attach copy of required document for Name Change / any other issue (e.g. Name Change Gazette, ID Proof etc...)**

Signature of Candidate

B) Controller of Examinations :

Remark & Signature :

C) Office of Controller of Examinations :

Grade Card No.	:	
Signature of Candidate Received Grade Card	:	
Remark	:	