



**UNIVERSITY INSTITUTE OF TECHNOLOGY
THE UNIVERSITY OF BURDWAN
GOLAPBAG (NORTH): BURDWAN 713 104**

Date:

To
The Controller of Examinations
The University of Burdwan
Rajbati, Burdwan

TCPA REQUEST SUBMISSION FORMAT FOR M.E

SEMESTER	YEAR OF PASSING	SCPA	% of MARKS
I			
II			
III			
IV			

I, MR/MS.....,

ROLL NO.

REGISTRATION NO.....

OF BRANCH

DECLARE THAT THE INFORMATION ENCLOSED ABOVE IS CORRECT TO THE
BEST OF MY KNOWLEDGE.

Self – Attestation of the Candidate
Contact No.:

Checked and Verified by Examination Cell, UIT