

APPLICATION FORM

Candidate must fill the details below and send this form along with the prescribed fee, by Online payment receipt, to the Controller of Examinations, Christ (Deemed to be University), Office of Examination, Management Block, Pune Lavasa - 412112.

Name of the Candidate			
Register Number			
Course Studied			
Year of Convocation			
Correct Postal Address		 	
(Print /write in	CAPITAL LETTERS)	 	
Postal Pin Number:		Mobile Number:	
1 Ostal i III Number.		E-mail id :	
Online payment receipt	:		Date:
Preferred Two courier	service company n		
			Signature of the candidate