

# REQUISITION FOR STUDY CERTIFICATE

# SC

From

SDE Campus

Date: .....

To

The Director  
School of Distance Education  
Andhra University  
Visakhapatnam

Sir,

I request you to kindly arrange to issue my **Date of Birth Certificate / Study Certificate**, I herewith enclose a Challan / D.D. for Rs. .... My particulars are given below :

Name (in block letters) :

I.D. Card, } with academic years :  
Code No. }

Course :

Father's Name :

Purpose :

D.D. No./SDE Challan No. :

Date :

*Yours faithfully,*

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## FOR OFFICE USE

To

The Superintendent,  
Examination Section .....

Sir,

Please issue ..... Certificate of the candidate and send it to me for delivery to the candidate.

Date : .....

Time : .....

**Learner Interface**