

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date : \_\_\_\_\_  
Tel : \_\_\_\_\_

To,  
The Principal  
Nirmala Memorial Foundation College of Com & Sci.  
Kandivali(E)  
Mumbai-400 101.

**Sub: Application for Duplicate Result**

Respected Sir,

I, the undersigned \_\_\_\_\_  
request you to kindly issue a Duplicate Result due to \_\_\_\_\_.

The details of the requirement are as follows:

Examination	Month & Year	Div & Roll No.	Seat No.
F.Y. _____ (Reg.) Sem ____			
F.Y. _____ (ATKT) Sem ____			
F.Y. _____ (Suppl.) Sem ____			
S.Y. _____ (Reg.) Sem ____			
S.Y. _____ (ATKT.) Sem ____			
S.Y. _____ (Suppl.) Sem ____			

Thanking you,

Yours faithfully,

\_\_\_\_\_  
Signature of the student