



BHARTIYA COUNCIL FOR  
VOCATIONAL AND PARAMEDICAL SCIENCE

# Bhartiya Council For Vocational & Paramedical Science

## DUPLICATE FORM

Date of Apply : \_\_\_/\_\_\_/\_\_\_

### APPLICATION FOR ISSUE OF DUPLICATE MARK SHEET

**Instructions:**

1. Duplicate mark sheet will be issued only in case of lost or destroyed irrevocably.
2. The application is to be filled by candidate in English CAPITAL Letters in blue/black ink.)

1. Name of the Applicant (Mr./Ms.)

(Write your full name as mentioned  
in your Secondary Certificate)

2. Father's Name

3. Mother's Name

4. Date of Birth

5. Sex (M)

6. Nationality

7. Permanent Address

Pin Code

City

State

8. Contact No./Whatsapp No. (Applicant)

### DETAILS OF THE DUPLICATE MARK - SHEET TO BE ISSUED

9. Centre Name

10. Course Name

11. Course Code

12. Year

### FEE DETAILS

Rs. 1,000/- per Mark - Sheet is to be paid though Cash / Demand Draft (DD) or Debit / Credit Card. In case of fee paid through DD give the following details:

D.D. No.

Date

Branch

Demand Draft of Rs. 1,000/- to be made in favour of "BCVPS" payable at Hisar

In case of fee paid though Cash or Google Pay/Phone Pay/Paytm: Receipt No.

Date

Please enclose the following documents:

1. Self attested photo copy of Class X mark sheet
2. Self attested photo copy of Class XII mark sheet
3. Self attested photo copy of Copy of lost / destroyed mark sheet, if available
4. Self attested photo copy of Proof of identity i.e. Aadhar Card

Signature of Applicant

To be executed on Non judicial Stamp Paper of Rs. 10/- and to be notarized

**AFFIDAVIT FOR ISSUE OF DUPLICATE MARKSHEET**

I .....

Father's Name .....

Mother's Name .....

Resident of .....

.....

Enrollment No. ....

Course .....

Semester/Year .....

Do hereby solemnly affirm as under:

1. That I have lost my mark sheet issued from BCVPS, & request the BCVPS to issue duplicate mark card.
2. I undertake that if my lost mark sheet is found, I shall return the same to the BCVPS.
3. I undertake that in case someone misuses my lost mark card, I shall be solely responsible for the same.

Deponent

I above named deponent do hereby solemnly verify that the contents of my above affidavit are true & correct within my knowledge & belief and nothing has been concealed.

Deponent

**VERIFICATION**

Signed and verified at ..... on this ..... Day of Year 20.....