

APPLICATION FORM FOR SECOND COPY OF DOCUMENTS

To,
The Secretary,
Maharashtra State Open School

I have Lost my Original Documents, Please issue me Second Copy of my Documents detail is given below

STATEMENT OF MARKS /CERTIFICATE

CLASS:..... SESSION:.....

ROLL NO..... SERIAL NO.....

CENTRE'S NAME:.....

STUDENT NAME:.....

FATHER'S NAME.....

MOTHER'S NAME.....

DATE OF BIRTH.....

SUBJECTS: 1.....2.....3.....

4.....5.....6.....

FULL ADDRESS WITH POSTAL CODE:.....

.....

.....

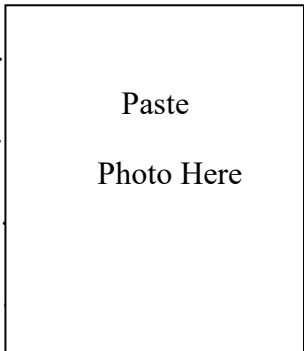
Declaration:

The above information is true and I commit you that if I found my original documents, I shall not use that documents and return to the office.

Attestation
With Stamp

Signature of Parents/Guardian

Signature of Students



For Office Use:
Remarks: