

**S.P. Mandali's Ramnarain Ruia Autonomous College  
Matunga, Mumbai-400019**

**Duplicate Grade Card Request Form**

**1. Applicant Information:**

- **Full Name:**

\_\_\_\_\_

- **Student ID:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

- **Contact Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**2. Details of Request:**

**Reason for Request (e.g., lost, damaged):** \_\_\_\_\_

- **Semester/Year for which the grade card is requested:**

**Academic Year:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Semester:**  
\_\_\_\_\_

**Regular / ATKT** \_\_\_\_\_

**3. Declaration: "I hereby declare that the information provided is true to the best of my knowledge."**

**Signature of students:**

**Date:**

**Documents Attached: Application Letter, Affidavit & Police Complaint's Copy**

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**Declaration: "I hereby declare that the information provided is true to the best of my knowledge."**

**Signature of Student:**

**Date:**

<b>Fees Dues Cleared</b>	<b>Fees Paid</b>
<b>Signature of Cashier / Accountant</b>	<b>Transaction Id:</b>
<b>Date:</b>	<b>Date:</b>