

APPLICATION FORM
(For Confidential Result)

1. Name of Applicant : _____
2. Mother's Name : _____
2. Father's Name : _____
3. Address : _____
4. E-Mail Id. of applicant : _____
5. Contact No. : _____
6. Examination Roll No. : _____
7. Department/College : _____

8. Details of the University/Organisation/Institution for which Confidential Result is sought:

(i) Name of the University/
Organisation/Institution:

1. _____
2. _____
3. _____
4. _____

(ii) Address of the University/
Organisation/Institution:

1. _____
2. _____
3. _____
4. _____

(iii) E-Mail Id. of the University/
Organisation/Institution:
(Confidential Result will be

sent to this e-Mail Id.)

1. _____
2. _____
3. _____
4. _____

(iv) Designated Official:
(Confidential Result E-Mail shall
be addressed to this official)

1. _____
2. _____
3. _____
4. _____

9. Checklist of Scanned Self- attested copies of supporting documents to be sent as attachment to the email requesting Confidential Result.

- | | |
|---|--------------------------|
| a. Application Form duly verified by the concerned College /Department/ Institute. Annexure-I | <input type="checkbox"/> |
| b. Attach a copy of proof for availing the option for your intent on Samarth portal to exit the program with a 3- year degree under NEP | <input type="checkbox"/> |
| c. Statement of Marks for the current year/semester issued by the University. | <input type="checkbox"/> |
| d. Offer Letter from the University/Institution/Organization where the applicant wants to apply | <input type="checkbox"/> |
| e. Fee receipt of ₹ 500/- for Confidential Result. | <input type="checkbox"/> |
| f. Fee receipt of ₹ 500 as additional payment for E-mail charges for Confidential Result. | <input type="checkbox"/> |

NOTE: Please tick Check Box to confirm the above attachments are provided with the request email for Confidential Result to the University.

UNDERTAKING

1. I have read the contents of University **Notification No. Exams)III(i)/2025/** dated **July 04, 2025** for issue of Confidential Result and understand the conditions and other requirements for issuance of confidential Result
2. I undertake that all the above stated information furnished by me is true to the best of my knowledge and no false information is provided. I understand that furnishing false information will make me liable for appropriate action by the University.

Date : _____

Place : _____

Signature of the applicant

Seal and Signature

Principal/Head/Director

College/Department/Institute