



**NATIONAL INSTITUTE OF TECHNOLOGY KARNATAKA  
SURATHKAL, MANGALORE-575025, KARNATAKA**

**Application for Certificates**

**To**

The Assistant Registrar (Academic)  
National Institute of Technology Karnataka  
Surathkal, post – Srinivasnagar,  
Mangalore – 575 025

1.	Name of the Student	
2.	Roll. No	
3.	Date of Admission	
4.	Mobile No:	Email Id:
5.	Course of Study & Branch	
6.	Studying semester	
7.	Sex (Please Tick)	Male :                      Female :
8.	Category (Please Tick)	OP/OBC/SC/ST
9.	Expenditure Certificate (Please Tick)	Semester wise / Year wise
10	Hosteller or Dayscholar (Please Tick)	Single Room/ Shared Room (Please Tick)
11.	Details of Payment : One Time Payment Receipt No: _____ Date: _____ Amount : <u>Rs.200/-</u>	

Place :

Signature of the Candidate

Date :

Supdt.(Academic)