

Name of student

## MEA ENGINEERING COLLEGE PERINTHALMANNA

## REQUEST TO OBTAIN ORIGINAL QUALIFYING CERTIFICATE

Tutor	HoD	Principal /AM
Forwarded by:-	(For office use)	
	(For office use)	
Date:		Signature of student
Date of return		
Reason		
Certificate/s required	ı	
Branch / Semester		
Admission No.		