Annexure 01

University:-………………………………………..

Secretary,

Ministry of Education.

Date :-

 Confirmation of the number of course units containing in the Degree Programme

1. Full Name of the Degree Awardee:-………………………………………………………………………..
2. Name of the Degree:-……………………………………………………………………………………………..
3. Registered Number:-………………………………………………………………………………………………
4. Whether passed/not passed:-……………………………………………………………………………….
5. Effective Date :-……………………………………………………………………………………………………..
6. Details relevant to the Subjects

|  |  |  |
| --- | --- | --- |
| Order Number | Subjects applied for under the Teacher Educator Service | Whether the subject applied for having 1/3 portion of the entire content of the Degree(Yes/No) |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

\*(Only this part must be perfected by the applicant and must be presented to the University)

I hereby certify that the above information are true and correct.

Registrar’s Signature :………………………………………….

Stamp :-…………………………………………………………………