Please follow the instruction mentioned below otherwise your application may be rejected:

- * Fill the application form carefully with all necessary details.
- * All the attached document must be self attested.
- * Attach all necessary document's scanned photocopies along with the application form.
- * List of the documents to be attached are mentioned below:
 - (i) All the DMCs or Web portal results (in case DMCs not received)
 - (ii) Identity card as ID proof

How to apply for Provisional/Character Certificate

- Step 1. Go to the website www.gpwchd.edu.in and open the link Online Certificates.
- Step 2. Download the Application form PDF file and print application form.
- Step 3. Fill the application carefully with all details.
- Step 4. Scan your filled application along with relevant documents, duly signed
- Step 5. Send your scanned application file to our email address: gpwonlinecertificate@gmail.com.
- * Minimum Processing Time is 5 Working days.

Application for Character Certificate

(For MOP, ECE, LIS, AA, IDD)

The Principal,

	Govt Polytechnic for wom Sector 10-D Chandigarh.	en,	
Subject :	Issue of Character certifi	cate.	
Respected M	ladam,		
	I	D/o	stated that
• Iam,	/was student of the departme	ent of	
• In th	is institute from	toYear	r.
• I pas	sed my diploma in		-
• My r	egistration no. is	·	
• I wai	nt my Character certificate be	ecause of	(Reason
	Kindly Issue my Provision	al Certificate. I shall be very th	nankful to you.
		Signature of th	e student
Date (DD/MI	M/YY):	Full Name with	
· · · · · · · · · · · · · · · · · · ·	, ,		

Application for Character Certificate

(For Pharmacy)

To					
	The Principa	ıl,			
	Govt Polyte	chnic for women,			
	Sector 10-D	Chandigarh.			
Subject :	Issue of Cha	aracter certificate.			
Respected M	ladam,				
	Ι		D/o		stated that
• I am,	/was student of	the department of			
• In th	is institute from	n ·	to	_ Year.	
• My r	egistration no.	is	·		
• I wai	nt my Character	certificate because			(Reason)
Pharmacy St	udent: 1 st `	Year Passed In		_	
	2 nd v	Year Passed In		_	
	Kindly Issue	my Provisional Certi	ificate. I shall be v	very thankful to you.	
			Signature	e of the student	
			Full Nam	e with address	
Date (DD/MI	VI/YY):				
					
			- "		

Application for Provisional Certificate

То					
		Principal,			
		Polytechnic for women,			
	Secto	or 10-D Chandigarh.			
Subject :	Issu	e of Provisional certificat	e.		
Respected Mad					
	I		D/o	sta	ited that
• I am/w	as stu	dent of the department o	f	In this institute	
• From_		to	Ye	ear.	
• I passe	ed my	diploma in			·
 My reg 	istrati	on no. is			
• I want	my pı	rovisional certificate beca	use of		(Reason)
The details rela	ated to	o my examination is given	below:		
Year/Semest	er	Month and Year	Max Marks	Marks Obtained	
					_
					_
	Kind	ly Issue my Provisional Ce	rtificate. I shall be very t	thankful to you.	
			Signature of t	he student	
			Full Name wit	th address	
Date (DD/MM/	YY):				
			Mohile:		
			Mobile :		