Mukand

Ref. No. EB/

MUKAND LAL NATIONAL COLLEGE

"College with potential for Excellence" (CPE) (AFFILIATED TO KURUKSHETRA UNIVERSITY, KURUKSHETRA)

Yamuna Nagar - 135 001 (Haryana)
Tel.: 01732 - 220960, 225560 • E-mail: principal@mlncollegeynr.ac.in

Ref.	VoEB/	Dated1	5/04/2023
Dea	r Student,		
Apri	I have the pleasure to it 29, 2023 (Saturday) at 2.00 p.	inform you that the Annual Convocation of our college will m. in the College Hall.	be held or
a) b) c) d)	icipant on the spot. The rehearsal for the convo. Astudent failing to turn up. The Boys will come in Wh. Black Trouser. Lunch would be served bet. Students are advised to wea. Please fill in the following f	o participate in the convocation and receive your degree. Recipienth shall be supplied on the payment of Rs. 250/ This payment will be exaction will take on the same day at 10.00 a.m. for the rehearsal will not be allowed to participate in the convocation with the Shirt-Black Pant and the Girls in White Suit-Dupatta / White Shirt-Black Pant and the Girls in White Suit-Dupatta / White ween 12.00 p.m. to 1.30 p.m. in boys common room. In the mask as per Covid Guidelines. Form and send it to the undersigned by name latest 25.04.2023 You Profin-charge (Co.	e made by the on. Ite Shirt and on. Ite Shirt and on. Ite Shirt and one of the one of th
То	Dr. Pawan Gaba Profin-charge (Convocation Mukand Lal National Colleg Yamuna Nagar.	on)	
Dear	Sir		
April .	I express my willingness 129, 2023 at 2.00 p.m. to receive	to participate in the Annual Convocation of the College bein my degree. I shall take part in the rehearsal at 10.00 a.m. on April29, 20 proper condition after the convocation.	g held on 123, pay the
		ngement for my participation and the particulars are as under :	
1. 2. 3.	Name in full Aadhar No. Father's Name		
4.	Class	College Dellay	
5.	University Roll No.	College Roll No. Year	
6. 7. 8.	Consolidated Total Marks in Degree to be received Present Address	all Six Semesters : Total MarksMarks Obtained :	
9.	Present Profile with office address	Ph. No./Mob. No :Ph. No./Mob. No :	
		Yours faithfu	elly,
Date :		(Signature of the C	andidate)