



SDM College of Engineering and Technology, Dharwad

(An Autonomous Institution Affiliated to VTU, Belagavi)

Office of the Controller of Examinations

Application for Provisional Grade Sheet

UG

PG

Name of Student (As on Grade Card)	
University Seat Number (USN)	
Semester	
Branch	
Fee Paid	Rs. Receipt No.: Date:
<p>Tick the appropriate examination and mention examination month, year.</p> <p><input type="checkbox"/> Semester End Examination Month: Year:</p> <p><input type="checkbox"/> Supplementary Semester Examination Month: Year:</p>	

CHECKLIST of Enclosures

Receipt of Fees Paid for Provisional Grade Sheet.

Name: _____ **Mobile No.:** _____

Date: _____ **Candidate Signature:** _____



Acknowledgement

Received application for the Provisional Grade Sheet from Ms./Mr. _____
bearing USN: _____ on _____ at _____ am/pm. Document will be issued
within two days, only against the receipt of this acknowledgement.

Office of the Controller of Examinations
SDMCET, Dharwad

6

Received the document on _____

Candidate Signature