

## **Office of the Controller of Examinations**

# **Application for the Transcripts**

	UG
Π	PG

Name of Student								
(As on Grade Card)								
University Seat Number								
(USN)								
Semester	Ι	II	III	IV	V	VI	VII	VIII
SGPA								
	Rs.							
Fee Paid	Receipt No.:							
	Date:							
No. of Transcripts required:	1+	=						

Note: Transcript will not be issued if candidate has backlog subjects.

#### **CHECKLIST of Enclosures**

□ Copy of all completed semester grade cards attested by the Head of the Department.

□ Receipt of Fees Paid for Transcripts. Name: \_\_\_\_\_

Mobile No.: \_\_\_\_\_

Date:

Candidate Signature: \_\_\_\_\_

### POSTAL ADDRESS TO WHICH DOCUMENT IS TO BE SENT

(Enclose receipt of postal charges paid at the cash counter in Administrative Block)

Name		USN:
Address		
Audiess		
	PIN:	Mobile:

## Acknowledgement

Received application fo	r the Transcripts	from Ms./	Mr		bearing
USN:	on	at	_am/pm.	Document will be issued	within a
week, only against the r	eceipt of this ack	nowledger	nent.		



Received the document on \_\_\_\_\_