

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FOR ISSUE OF THE TRANSCRIPTS

(To be signed only by the candidate)

1. NAME: _____ 2. REGISTER NO: _____
3. BRANCH OF STUDY: _____ 4. YEAR OF STUDY: _____
5. ADDRESS: _____ 6. Contact phone No/Cell No.: _____
7. No. of sets of Transcripts are required : _____
8. Certificates for which Transcripts are required : Semester Wise Grade Sheet
 Consolidated Mark Sheet
 Provisional Certificate
 Degree Certificate
9. Whether Originals of the above Certificates have been produced : Yes/No
10. List of the Original Certificate produced (Specify) :
11. Whether sufficient Photocopies are produced (Neat and legible copies with sufficient space at the bottom of the certificates for attestation are to be provided) : Yes/ No
12. Whether the names and addresses of the universities are written on the cover : Yes/ No

Signature of the Student with Date:

Received the Transcripts in sealed cover

Received all Original Certificates

Signature:

Signature:

Date:

Date:

Normal time required for issue of Transcript is as follows:

1. If original certificates are produced-one week 2. If original certificates are not produced-one month
3. Fees for Transcript: **3000/-**.