

TRANSCRIPT REQUEST FORM

Ι,	Registration N	lo	— enrolled in	degree
• •	mpleted the requirements of normal completion of the prescribed re	· -	semester. I wish to a	apply for award
2. Urgent mode of Tran	nscript Collection, Rs. 4,000/- script Collection, Rs. 6,000/- (Preparation duratio	n= 30 days, after Clearai	Signature
Accounts Office: Amount Received R Transcript Charges Name: Signature: Date: Transcript awardi	s: Rs	Signature:	Office:	
Please collect your T Signature:	ranscript from Examination tion's Officer			_