



**OFFICE OF THE CONTROLLER OF EXAMINATIONS**

**APPLICATION FOR ISSUE OF THE TRANSCRIPTS**

(To be signed by the individual who wants the transcript for herself)

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 : Consolidated Grade Sheet
9. Whether Originals of the above Certificate have been produced. : Yes / No
10. List of the Original Certificates 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
12. Whether the names and addresses of the Universities are written on the cover : Yes
13. Payment Details: Whether the prescribed fee paid : Yes

**Signature of the Individual 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.