



## TRANSCRIPT REQUEST FORM

Student Name: \_\_\_\_\_

I.D.No.: \_\_\_\_\_ Degree Program: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Phone Nos. \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

I. Transcript copy requested for coursework completed at the end of

Previous Trimester

Current Trimester

After Graduation

II. Transcript copy /copies required \_\_\_\_\_

Hold copy/copies for personal pickup.

Mail copy/copies.

Mail a copy at the following address(es).

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Student Signatures: \_\_\_\_\_

Date: \_\_\_\_\_

### TRANSCRIPTS ARE ISSUED AS FOLLOWS

<u>Type of Request</u>	<u>Processing Fee</u>	<u>Processing Time</u>
Normal	Rs. 500/-	96 Hours (4 days) excluding holidays
Urgent	Rs. 1,000/-	48 Hours (2 days) excluding holidays

(Postage will be charged at the rate of Rs. 100/- per request)

It may take more time if degree check is being performed or results of current trimester are awaited to issue the updated transcript.

**THE TRANSCRIPT WILL NOT BE RELEADED IF ANY FINANCIAL DUES ARE OUTSTANDING**

### FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Date Transcript Released: \_\_\_\_\_

Transcript Processing Fee: \_\_\_\_\_

Mailing Charges: \_\_\_\_\_

\* All dues are clear: Yes \_\_\_\_\_ No. \_\_\_\_\_

\_\_\_\_\_  
Signature (Accounts)

\_\_\_\_\_  
Date

\* Transcript copy/copies prepared and checked.

\_\_\_\_\_  
Signature (Records)

\_\_\_\_\_  
Date

\* Released Transcript

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date