

Sr.No.: _____/20
(For Office use)

To,
Director,
Board of Examinations & Evaluation
Sant Gadge Baba Amravati University, Amravati.444602

Subject :- Application for Transcript Certificate

Sir,

Please issue me the Transcript Certificate to apply for _____
I need ____ sets of Transcript Certificate. Particulars Regarding myself and relating to Academic
Qualification in College / Department of Sant Gadge Baba Amravati University are given below:

1	Name of Student (Full Name)	
2	Enrolment No	
3	Name of College / Department	
4	Name of Exam Passed	
5	Pattern of Examinations	Annual / Semester
6	Roll No & Year of Final Exam Passed (Summer / Winter)	
7	Division / CGPA Secured	
8	Academic Session of First Admission	
9	Medium of Instruction	
10	Total Xerox copies of only passed mark-sheets without attestation (each year / Semester)	
11	Total Xerox copies of Degree Certificate	
12	Receipt / DD No. & Date	

Date : / /20
Mobile No. _____

Your's faithfully,
Sign.: _____
Name.: _____

Applicant's Full Address (With Pin Code)

(Address to send Transcript to other Country (If Require)

: IMPORTANT NOTES :

- 1) Applicant will have to submit all Digital Xerox copies (without attestation) on A4 Size Paper having good clarity with the application form.
- 2) Applicant completing Degree with CGS / CGPA Pattern will have to submit front & Backside Xerox of final Year mark-sheet.
- 3) Applicant will have to pay Rs.1000/- fees per set of Transcript at the University Cash Counter or by Demand Draft in Favour of **Finance & Accounts Officer, Sant Gadge Baba Amravati University, Amravati Payable at Amravati.**
- 4) If Applicant desire to send Transcript Certificate directly to other Country address by the University by speed post, will have to pay Additional postage charges Rs. 1500/-.
- 5) The applicant can collect the Transcript Certificate from the office within 45 days or as informed by the University.
- 6) Incomplete application form shall be rejected and no correspondence shall be made in this respect.