



CENTRAL UNIVERSITY OF RAJASTHAN
BANDARSINDRI, KISHANGARH
APPLICATION FOR ISSUE OF TRASCRIPTS

1. Applicant's Full Name (Without any prefix and abbreviation)
.....
2. Enrollment Number Department:
3. Sex : Male/Female
4. Degree completed: M. A./ M. Sc. Subject:
- Year and Month of Passing..... CGPA..... SGPA.....
5. Details of Fee paid (FIRST COPY): Amount: **Rs. 1000/-** Date..... DD/Receipt No.
(For Additional copy of Transcript add Rs. 100/- per copy over and above Rs. 1000/-)
6. Complete Address to which Transcript should be sent (if not being received by hand):
.....
.....
.....PIN.....
7. Phone number with STD Code..... Mobile number.....

Note: Please attach self-attested copy of Final Semester Grade Sheet and Bank Receipt.

Date: _____ (Signature of the Student)

Receipt from the Student/Representative

Ihave received the Transcript (..... copies) in respect of Mr./Ms.....

Details of Speed Post or Registered (if sent by post) No..... dt.....

Date _____ Signature _____
.....

ACKNOWLEDGEMENT

Received application from.....along with all documents for issue of Trascripts .

Date: