



APPLICATION FOR TRANSCRIPT

DATE: _____

To,
THE PRINCIPAL
SEMCOM
VALALBH VIDYANAGAR- 388 120

SIR,

I, THE UNDERSIGNED, REQUEST YOU TO ISSUE ME _____ COPIES OF TRANSCRIPT.

1. NAME OF THE STUDENT: MR./ MISS _____
(SURNAME) (NAME) (FATHER'S NAME)

2. CLASS & ACADEMIC
YR.LAST ATTENDED: _____
(CLASS & DIVISION) (ACADEMIC YEAR)

3. LAST APPEARED
EXAMINATION : RESULT: PASSED / FAILED (ATTACH XEROX COPY OF LATEST MARK SHEET)

4. SEAT No : _____ YEAR: _____

SUBJECT SPECIAL (IF APPLICABLE) : _____

5. I ENCLOSE HEREWITH CERTIFIED TRUE COPIES OF THE MARKSHEET OF ALL THE YEARS /SEMESTERS.

6. APPEARED / CLEARED ANY ENTRANCE EXAM _____

7. ADMISSION SOUGHT AT UNIVERSITY INDIAN / FOREIGN _____

8. APPLIED FOR WHICH COURSE _____

DATE: _____

SIGNATURE OF THE STUDENT

ADDRESS: _____

PRINCIPAL

DATE:- _____

RECEIPT NO _____

RS. _____ ONLY

FOR PRINCIPAL

NOTE: - PLEASE VERIFY THE TRANSCRIPT WITH MARKSHEET.