SL.NO | | | | | |

JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY ANANTAPUR
Anantapur – 515002 (A.P)

APPLICATION FOR TRANSCRIPTS OF B.TECH/B.PHARMACY
(To be submitted through the college where studying)

Name and address of the student _____

DETAILS OF TRANSCRIPTS REQUIRED
(See backside for instructions)

(i)Set of Memos of Marks (If the space is insufficient write details on backside)

S.No	Year – Semester	Month & Year	Month & Year	Month & Year	Month & Year
1	IB.Tech/B.Pharmacy				
2	IIB.Tech/B.Pharmacy-I Sem				
3	IIB.Tech/B.Pharmacy -II Sem				
4	IIIB.Tech/B.Pharmacy -I Sem				
5	IIIB.Tech/B.Pharmacy -II Sem				
6	IVB.Tech/B.Pharmacy -I Sem				
7	IVB.Tech/B.Pharmacy- II Sem				

Total No.of Marks memos in a set (a):_____

No.of Copies required (b):_____

(ii) Transcripts of Consolidated Marks Memo
No.of Copier required (c):_____

(iii) Transcripts of Provisional Certificate
No.of Copier required (d):_____

(iv) Transcripts of any other documents*(_____)
No.of Copier required (e):_____

Total amount paid towards cost of transcripts =$\{(axb)+c+d+e\}$ x Rs.40.00=Rs_____

D.D.No/Challan No : _____ **date :** _____ **(enclosed)**
Name of the Bank : _____
*Attach photo copy /copies of the document and write details of the document in brackets.

Place:

Date : _____

SIGNATURE OF THE APPLICANT

FORWARDED

Place :

Date :   Office Seal   SIGNATURE OF THE PRINCIPAL