APPLICATION FOR TRANSCRIPTS

1. Name of the candidate: ________________________________________________
   (in Upper case letters)

2. Branch of Study: ___________________________ Batch of Study: __________________

3. Register No. of the candidate during his period of study:_____________________

4. DETAILS OF TRANSCRIPTS REQUIRED (See backside for Instructions)
   (i) Set of Mark Transcripts: (Tick the relevant semester mark Transcript required)
      Attach photocopy of mark sheets whose Transcripts are required
      Month & year of exam (Nov /Apr)
      Month & year of exam (Nov /Apr)

      Total No. of marks Transcripts in a set (a) ____________
      No. of sets required (b) ____________

   (ii) Transcript of Consolidated Marks sheet:
      Attach photocopy of Consolidated mark sheet whose Transcripts is required
      No. of copies required (c) ____________

      Total amount paid towards cost of Transcripts = [(a×b) + c] × Rs.100.00 + mailing charges if reqd.

5. PAYMENT MODE:
   (A) By Crossed Demand Draft (Write your Register Name and Name on the back side of the Draft)
      In favour of “EXAM CELL – SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY” For Rs.
      ____________ D.D. No. ____________ dated. ____________ Name of the Bank: ______________

   (B) BY BANK CHALLAN AVAILABLE AT THE Controller of Examinations Office PAYABLE AT
      THE INDIAN BANK BRANCH AT SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY.

6. Probable date of collection of testimonials: Minimum of 10 days from date of receipt of requisition
   letter at the Controller of Exam Office.

7. MODE OF RECEIPT OF TRANSCRIPTS: BY REGISTERED POST / SPEED POST / IN PERSON

8. Provide the complete Mailing address: (Write in upper case Letters)

   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   Pin code

   E-mail: ________________________ Tel: ________________________ Mobile no.: ________________________

Signature of the COE office Incharge (At the time of requisition)  Signature of the Candidate with Date (At the time of requisition)

For Office use: (Details of Despatch)

Request No. ____________ Dated: ____________
Received by: ____________________________
Despatched by: Speed Post / Regd.Post
Despatched on: ____________
Despatched by: ____________________________

Due Date: ____________

Received the Transcripts in person by: ____________________________

(Name and Signature with Date)
INSTRUCTIONS

The following transcripts will be issued by printing the required documents on security paper.

(i) Marks Transcripts of Semester examinations
(ii) Consolidated Marks Transcript (CMT)

1. One set of the above documents [i.e., one set (of all semesters) of marks Transcript + one CMT] or part of the set of the above documents, will be issued along with an envelope. For each set of the above documents only one envelope will be given. It may be noted that for the above items photo-copies have to be enclosed.

2. Cost of Transcript: Each mark Transcript cost Rs.100. A student can apply for multiple copies of each document. To calculate the cost, multiply the total No. of transcripts required by Rs.100 and add the Postal charges (if it is to be sent by post). Please mention the mode of postage in your application form.

3. Submission of application: The students who require their transcripts have to submit duly filled-in prescribed application for issue of transcripts, to the Controller of Examinations office, along with the necessary total amount of fee (@ Rs.100.00 per transcript) along with Mailing charges if applicable, in the form of DEMAND DRAFT in person or by post.

5. Demand Draft Details: The Demand Draft for the total amount of fee must be in favour of the "EXAM CELL – SATHYABAMA INSTITUTE OF SCIENCE AND TECHNOLOGY", Payable at Chennai, on any Nationalized Bank. Please write your Register Number and Name of the candidate on the back side of the Demand Draft.

6. Postal Address: Please post the Transcript Application, Photo copies of the mark sheets whose Transcript is applied for, along with the Demand Draft for the required amount to the following Address: The Controller of Examinations, Sathyabama Institute of Science and Technology, Jeppiaar Nagar, Rajiv Gandhi, Salai, Chennai – 600 119.Tamilnadu.

7. MAILING CHARGES (If Transcripts are to be sent by post)

<table>
<thead>
<tr>
<th>Mode of post</th>
<th>Charges within India</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Registered Parcel Post</td>
<td>Rs. 300</td>
<td>up to a Maximum of 40 sheets</td>
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<tr>
<td>(up to 500 grams)</td>
<td></td>
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<tr>
<td>By Speed Post within India</td>
<td>Rs.200</td>
<td>Approx.15 sheets</td>
</tr>
<tr>
<td>(up to 200 grams)</td>
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<td></td>
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</tbody>
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8. Maximum time for issue of Transcripts: A Maximum time of 10 days from the date of receipt of application form at the Controller of Examinations office.

9. Enquiry about the status of application: The status of the application may be enquired by mentioning the application number or Requisition No. mentioned in the Payment Receipt issued by the COE Office. Contact Phone No.044-24503150,51,52,53,54,55 Extn: 5025, E-mail: coe@sathyabama.ac.in

10. To collect the Transcript in person: If the candidate is collecting the transcript in person, you are requested to bring the receipt which was issued by our COE office at the time of submitting the application. The transcripts will not be issued to any other person, without an authorization letter, identification proof and receipt.

NOTE:

- Transcripts will not be issued for TRANSFER CERTIFICATE AND DEGREE CERTIFICATES
- Attestation of Mark sheets, consolidated Marks Sheets will not be done by the Controller of Examinations office.
- Attestation will be done only for Transfer Certificate and Degree certificate on showing the original.