S.No.



**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA**

**KAKINADA – 533 003, ANDHRA PRADESH**

**APPLICATION FOR TRANSCRIPTS OF B.TECH. / B.PHARMACY**

**(To be submitted through the college where studying)**

**Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**HTNO:**

**College where studying: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**/studied**

**DETAILS OF TRANSCRIPTS REQUIRED**

1. **Set of Marks Memos ( If the space is insufficient write details on back-side)**

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| --- | --- | --- | --- | --- | --- |
| **S. No** | **Year – Semester** | **Month & Year** | **Month & Year** | **Month & Year** | **Month & Year** |
|  | **I B.Tech /B.Pharmacy - I Sem** |  |  |  |  |
|  | **I B.Tech /B.Pharmacy - II Sem** |  |  |  |  |
|  | **II B.Tech. / B. Pharmacy – I Sem** |  |  |  |  |
|  | **II B.Tech. / B. Pharmacy – II Sem** |  |  |  |  |
|  | **III B.Tech. / B. Pharmacy - I Sem** |  |  |  |  |
|  | **III B.Tech. / B. Pharmacy – II Sem** |  |  |  |  |
|  | **IV B.Tech. / B. Pharmacy – I Sem** |  |  |  |  |
|  | **IV B.Tech. / B. Pharmacy – II Sem** |  |  |  |  |

**Total No. of Marks Memos in a set (a): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**No. of sets required (b): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Transcripts of Consolidated Marks Memo**

**No. of Copies required (c) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Transcript of Provisional Certificate (d) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total amount paid towards cost of Transcripts = [(axb)+c+d] xRs.40 = Rs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DD No. / Challan No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_dt.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (enclosed)**

**Name of the Bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of the Applicant**

**FORWARDED**

**Place: Signature of the Principal**

**Date: (with office seal)**