



HINDUSTAN

INSTITUTE OF TECHNOLOGY & SCIENCE
(DEEMED TO BE UNIVERSITY)

Rajiv Gandhi Salai (OMR), Padur – Chennai 603 103

OFFICE OF THE CONTROLLER OF EXAMINATIONS APPLICATION FOR ISSUE OF TRANSCRIPTS

Date:

1	Name		
2	Register Number (Ten digit No.)		
3	Degree & Branch	Period of Study	
4	Contact Number		
5	Email ID		
6	No. of sets of Transcripts required		
7	Certificates for which Transcripts are required (Please tick whichever is required)		<input checked="" type="checkbox"/>
	Grade sheets (Upto _____ Semester) <input type="checkbox"/>	Provisional Certificate	<input type="checkbox"/>
	Consolidated Mark Sheet <input type="checkbox"/>	Degree Certificate	<input type="checkbox"/>
8	Whether Originals of the above Certificates have been produced: Yes / No		
9	List of the Original Certificates Produced (Specify)		
10	Whether sufficient Photocopies are produced (Neat and legible copies with sufficient space at the bottom of the certificates for attestation are to be provided) : Yes / No		
11	Whether the names and addresses of the Universities are written on the cover : Yes / No		
12	Payment Details (Rs. 1000/- per set per cover) Receipt No. & Date:		
13	Demand Draft (drawn in favour of Hindustan Institute of Technology and Science payable at Chennai, India) Name of the Bank: _____ City: _____ Demand Draft No. _____ Date: _____ for Rs. _____		
14	Mode of Delivery (Tick any one) <input type="checkbox"/> Self-Collection at COE Office <input type="checkbox"/> Authorized collection: Name of the Person: _____ Relationship: _____ (Any Valid Photo ID is required) <input type="checkbox"/> By Post (give full address with Pincode, Mobile No.)		

Signature of the Individual with date

Controller of Examinations

Received the Transcripts in Sealed cover

Received all originals Certificates

Signature with date:

Signature with date:

Normal time required for issue of Transcript: **TEN DAYS**