



HINDUSTAN

INSTITUTE OF TECHNOLOGY & SCIENCE
(DEEMED TO BE UNIVERSITY)

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"/>	Consolidated Mark Sheet	<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. 2000/- per set per cover) Receipt No. & Date:		
13	The fee for the issue of transcripts is Rs.2000/- (Rupees Two Thousand only) per set to be paid in the the following Institute account: Account Name: HINDUSTAN INSTITUTE OF TECHNOLOGY & SCIENCE EXAM A/C Account Number: 255401000000001 Bank Name: INDIAN OVERSEAS BANK Branch :PADUR IFSC CODE: IOBA0002554		
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