

GRADE SHEET REQUEST FORM

(Please Note: Your Grade Sheet cannot be issued if there are pending dues against their name.)

IMPORTANT INSTRUCTIONS:

1. Details to be filled as per matriculation or other academic records.
2. Fill all the information in Capital Letter only.
3. Please retain a photocopy of this Form for future reference.

1. STUDENT'S NAME (AS PER MATRICULATION CERTIFICATE) : _____

2. ROLL NUMBER (AS WRITTEN ON THE I-CARD) : _____

3. REGULAR LTRAL ENTRY/ MIGRATION CASES

4. PROGRAM NAME (PLEASE TICK ✓ IN THE BOX) :

B.TECH. (CSE)	<input type="checkbox"/>	BBA	<input type="checkbox"/>	MBA (RE&IM)	<input type="checkbox"/>	BA-LLB (H)	<input type="checkbox"/>
B.TECH. (ECE)	<input type="checkbox"/>	B. SC.(HM&CT)	<input type="checkbox"/>	B.DESIGN (FT)	<input type="checkbox"/>	LLM (RE)	<input type="checkbox"/>
B.TECH. (EEE)	<input type="checkbox"/>	B.SC. (CVT)	<input type="checkbox"/>	B.DESIGN (IA)	<input type="checkbox"/>	LLM (IPR)	<input type="checkbox"/>
B.TECH. (ME)	<input type="checkbox"/>	B.COM. (H)	<input type="checkbox"/>	B.DESIGN (VC)	<input type="checkbox"/>		
B.TECH. (CE)	<input type="checkbox"/>	BA (PSY.)	<input type="checkbox"/>	B.DESIGN (PD)	<input type="checkbox"/>		
B.TECH. (AE)	<input type="checkbox"/>	MBA	<input type="checkbox"/>	B.DESIGN (F&T)	<input type="checkbox"/>		
BCA	<input type="checkbox"/>	MBA (RE)	<input type="checkbox"/>	B.PLAN	<input type="checkbox"/>		
MCA	<input type="checkbox"/>	MBA (IB)	<input type="checkbox"/>	M.DESIGN (ID)	<input type="checkbox"/>		
BCA+MCA(INTG.)	<input type="checkbox"/>	MBA (BA)	<input type="checkbox"/>	B.ARCH.	<input type="checkbox"/>		
M.TECH. (CSE)	<input type="checkbox"/>	MBA (HC)	<input type="checkbox"/>	M.ARCH.	<input type="checkbox"/>		

5. GRADE SHEET REQUIRED FOR WHICH SEMESTER: _____

6. DATE OF BIRTH:

7. GENDER: MALE FEMALE

8. FATHER'S NAME (AS PER MATRICULATION CERTIFICATE) : _____

9. MOTHER'S NAME (AS PER MATRICULATION CERTIFICATE) : _____

10. COMPLETE MAILING ADDRESS: _____

PIN CODE:

EMAIL : _____ MOBILE NO.: _____

I _____ CERTIFY THAT PARTICULARS FILLED BY ME ARE CORRECT AS PER BEST OF MY KNOWLEDGE.

AUTHORIZATION (IF REQUIRED):

I AM TRANSFERRING THE AUTHORITY FOR THE COLLECTION OF GRADESHEET(S) TO _____ ON MY BEHALF.

DATE: _____

SIGNATURE OF THE CANDIDATE

(Note: Grade Sheet will be generated on the basis of personal details filled by the student)