A.D.M. COLLEGE FOR WOMEN (Autonomous) (Re-Accredited with "A" grade by NAAC) (Affiliated to Bharathidasan University, Tiruchirapalli, Tamil Nadu)

Nagapattinam – 611 001

OFFICE OF THE CONTROLLER OF EXAMINATIONS

APPLICATION FOR ISSUE OF THE TRANSCRIPTS

(To be signed only by the candidate)

1. NAME :	2. REGISTER NO :
3. BRANCH OF STUDY :	4. YEAR OF STUDY :
5. ADDRESS :	6. Contact Phone No. / Cell No.:
7. No. of sets of Transcripts are required	: Consolidated Mark Sheet
8. Certificates for which Transcripts are required	: Provisional certificate
	Degree Certificate
9. Whether Originals of the above Certificates have been produced.	: Yes / No
10. List of the Original Certificates produced (Specify)	:
11. Whether sufficient Photocopies are produced (Neat and legible copies with sufficient space at the l	bottom
of the certificates for attestation are to be provided)	: Yes / No
12. Whether the names and addresses of the Universition are written on the cover	es : Yes / No
13. Payment Details:	
(i) Receipt No	
(ii) Amount of fees paid	
(`1000/- per set per cover)	:

Signature of the Individual with date

Received the Transcripts in sealed cover	Received all original certificates
Signature :	Signature :
Date :	Date :