



Children's RESEARCH UNIVERSITY

Form for Applying Official Transcript

(Please fill up in Block Letter)

1. Name of the Applicant: _____
(As per Marksheet) Surname Name Father's Name
2. Permanent Residential Address: _____
3. Name of the Institute/Department: _____
4. Name of the Examination Passed: _____
5. Month and Year of Passing: _____
6. Student UID No. : _____
7. Mobile. No. : _____ E-mail ID: _____
8. Purpose for which transcript is required: _____
9. No. of copies required : _____
10. Fee Rs. _____ Online Mode (Receipt Attached)
Date: _____
11. Name & Address of the University/Institute/Employer/Student (In Capital latter) to whom transcript is required to be sent (Attached a separate list, if required)
12. If, the Transcript required to collect Personally : Name : _____
Mobile. No. : _____

Date:

(Signature of the applicant)

Note : Submit application form along with

- 1) Fees receipt
- 2) All Semester Marksheet copy
- 3) Transcript form
- 4) If Transcript send out side them WES form (If Required)

For Office Use Only

_____ passed the _____ examination

held in _____ under Student UID No. _____ . The application is in

order and the payment has been verified. The Candidate may be issued with Transcript Certificate.

Entered on Page _____ at Sr. No. _____ of the Certificate issue Register.

Sr. Clerk/Admin Assistant

Head,
Exam Branch