



SATHYABAMA UNIVERSITY

(Established under Section 3 of UGC Act, 1956)
JEPPIAAR NAGAR, RAJIV GANDHI SALAI, CHENNAI 600 119.



APPLICATION FOR TRANSCRIPTS

1. Name of the candidate : _____
 (in Upper case letters)

2. Branch of Study : _____ Batch of Study: _____

3. Register No. of the candidate during his period of study :

4. DETAILS OF TRANSCRIPTS REQUIRED (See backside for Instructions)

(i) **Set of Mark Transcripts** : (Tick the relevant semester mark Transcript required)

Attach photocopy of mark sheets whose Transcripts are required

Month & year of exam (Nov /Apr)					
Month & year of exam (Nov /Apr)					

Total No. of marks Transcripts in a set (a) _____

No. of sets required (b) _____

(ii) **Transcript of Consolidated Marks sheet:**

Attach photocopy of Consolidated mark sheet whose Transcripts is required

No. of copies required (c) _____

Total amount paid towards cost of Transcripts = [(a×b) + c] × Rs.100.00 + mailing charges if reqd.

5. PAYMENT MODE :

(A) By Crossed Demand Draft (Write your Register Name and Name on the back side of the Draft)

In favour of "EXAM CELL – SATHYABAMA UNIVERSITY" For Rs. _____ D.D. No. _____

dated. _____ Name of the Bank : _____

(B) BY BANK CHALLAN AVAILABLE AT THE Controller of Examinations Office PAYABLE AT THE INDIAN BANK BRANCH AT SATHYABAMA UNIVERSITY.

6. Probable date of collection of testimonials : Minimum of 10 days from date of receipt of requisition letter at the Controller of Exam Office.

7. MODE OF RECEIPT OF TRANSCRIPTS : BY REGISTERED POST / SPEED POST / IN PERSON

8. Provide the complete Mailing address: (Write in upper case Letters)

Pin code
Email: _____ Tel: _____
Mobile no. _____

Signature of the COE office Incharge
 (At the time of requisition)

Signature of the Candidate with Date
 (At the time of requisition)

<p style="text-align: center;">For Office use: (Details of Despatch)</p> <p>Request No. _____ Dated: _____</p> <p>Received by: _____</p> <p>Despatched by : Speed Post / Regd.Post</p> <p>Despatched on : _____</p> <p>Despatched by : _____</p>	<p style="text-align: center;">Due Date : _____</p> <p style="text-align: center;">Received the Transcripts in person by :</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Name and Signature with Date)</p>
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INSTRUCTIONS

1. The following transcripts will be issued by printing the required documents on security paper.
 - (i) Marks Transcripts of Semester examinations
 - (ii) Consolidated Marks Transcript (CMT)

NOTE :

- Transcripts will not be issued for TRANSFER CERTIFICATE AND DEGREE CERTIFICATES
 - Attestation of Mark sheets, consolidated Marks Sheets will not be done by the Controller of Examinations office.
 - Attestation will be done only for Transfer Certificate and Degree certificate on showing the Original.
2. One set of the above documents [i.e., one set (of all semesters) of marks Transcript + one CMT] or part of the set of the above documents, will be issued along with an envelope. For each set of the above documents *only one envelope* will be given. ***It may be noted that for the above items photo-copies have to be enclosed.***
 3. **Cost of Transcript :** Each mark Transcript cost Rs.100. A student can apply for multiple copies of each document. To calculate the cost, multiply the total No. of transcripts required by Rs.100 and add the Postal charges(if it is to be sent by post). Please mention the mode of postage in your application form.
 4. **Submission of application :** The students who require their transcripts have to submit duly filled-in prescribed application for issue of transcripts, to the Controller of Examinations office, along with the necessary total amount of fee (**@ Rs.100.00 per transcript**) along with Mailing charges if applicable, in the form of DEMAND DRAFT in person or by post.
 5. **Demand Draft Details :** The Demand Draft for the total amount of fee must be in favour of the “**EXAM CELL – SATHYABAMA UNIVERSITY**”, Payable at Chennai, on any Nationalized Bank. Please write your Register Number and Name of the candidate on the back side of the Demand Draft.
 6. **Postal Address :** Please post the Transcript Application, Photo copies of the mark sheets whose Transcript is applied for, along with the Demand Draft for the required amount to the following Address: **The Controller of Examinations, Sathyabama University, Jeppiaar Nagar, Rajiv Gandhi Salai, Chennai – 600 119.Tamilnadu.**
 7. **MAILING CHARGES (If Transcripts are to be sent by post)**

Mode of post	Charges within India	Remarks
By Registered Parcel Post (up to 500 grams)	Rs. 300	up to a Maximum of 40 sheets
By Speed Post within India (up to 200 grams)	Rs.200	Approx.15 sheets

8. **Maximum time for issue of Transcripts:** A Maximum time of 10 days from the date of receipt of application form at the Controller of Examinations office.
9. **Enquiry about the status of application:** The status of the application may be enquired by mentioning the application number or Requisition No. mentioned in the Payment Receipt issued by the COE Office. **Contact Phone No.044-24503150,51,52,53,54,55 Extn: 5025, Email: coe@sathyabamauniversity.ac.in**
10. **To collect the Transcript in person:** If the candidate is collecting the transcript in person, you are requested to bring the receipt which was issued by our COE office at the time of submitting the application. The transcripts will not be issued to any other person, without an authorization letter, identification proof and receipt .