

APPLICATION FOR CONSOLIDATED MARK-SHEET

Name of the Student : _____ Enrollment No. : _____

College/Faculty : _____ Course : _____

Father's Name : _____ Mother's Name : _____

Choice For Delivery of Document (Please Tick ✓ Mark) : College Residence

Home Address : _____

Pin Code _____

Marks Detail

Year/Semester →	I	II	III	IV	V	VI	VII	VIII	IX	X	Grand Total
Total Marks of Papers Cleared in Main/Revaluation											
Total Marks of Papers Cleared in Back											
Year/Semester Total											

Check List :

1. Photocopy of All Semester Mark-sheets (Self-Attested)
2. Photocopy of Enrollment Card
3. Photocopy of Residence Proof (if delivered at residence)

Mobile No. _____

Signature of Candidate

Note – In case of any wrong information provided in the form, candidate will be fully responsible for the same and University may take appropriate action against him.

For Faculty/College Use

This is to certify that _____ Enrollment No. _____, a student of _____ (Faculty/College) has cleared all the papers of _____ (Course). The Mark-sheet may be issued to the applicant.

Date :

Signature of Dean/Principal

For University Office Use

Mark-Sheet Serial No.	
Date	

Signature

Dispatch No.	
Date	

Signature