



FORM - COE/C-06

OFFICE OF THE CONTROLLER OF EXAMINATIONS

Email Id. infocoe@jisuniversity.ac.in

Contact No. +91-8336047403

APPLICATION FOR ISSUANCE OF TRANSCRIPT

Name of the student: _____

Programme (B.A./B.Sc./B.Tech/etc.): _____ Branch: _____

University Roll No. _____ Year of passing out: _____

No. of Transcripts required	Fee for one Transcript	Total amount payable
	₹ 400	

Signature with seal, Accounts department

Copies needed to be attached:

1. Photocopy of the Registration Certificate
2. Photocopy of all semesters / years Marks Sheets
3. Fees receipt

(signature of the applicant)

Phone Number of the applicant: _____

Email id of the applicant: _____

FOR OFFICE USE ONLY

Examined by: _____

Transcript dispatched on: ____ / ____ / ____

Received Transcript(s) with Serial No. : _____

Mode of intimation to the student: Email/Telephone

Signature of the student

Office seal

Controller of Examinations, JIS University