

**OFFICE OF THE CONTROLLER OF EXAMINATIONS
(R.P. Unit)
ALIGARH MUSLIM UNIVERSITY, ALIGARH (U.P.)-202002, INDIA**

Appl. No..... dt.....

Class :Subject.....

**Application for
Transcript of Consolidated Marks/Grade**

1. Name in Full :
2. Enrolment No. :
3. Faculty No. :
4. Year of admitted :
5. Year of passing :
6. Hall to which attached :
7. Correspondence address & :
Mobile/Telephone No. :
:

8.

Detail AMU Examination (in chronological order)	Examination Roll No.	Faculty No.	Year	Result/ Division	Remarks
(1)
(2)
(3)
(4)
(5)

Account of is clear (Seal) Signature of the Provost Date
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.....
Signature in full

.....
(Name of the applicant)

INSTRUCTIONS CONDITIONS :

- (I) Document will be issued to the candidate only after verifying his/her identify .
- (II) Separate application shall be required to submit for every class/course.

DOCUMENTS TO BE ENCLOSED :

1. Self attested photocopies of all the certificates with marksheets of the exams. of each year
2. Original Cash Receipt for Rs. 200/- shall be deposited in State Bank of India, AMU, Branch Code No.0555 Aligarh or Bank Draft payable to Finance Officer, Aligarh Muslim University, Aligarh.
3. If the transcript is to be sent to an institution abroad.
 - (a) The relevant brochure and letter from the institution in original.
 - (b) Envelope with requisite postal stamps addressed to the concerned institution/person