



S.No.

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**JAWAHARLAL NEHRU TECHNOLOGICAL UNIVERSITY KAKINADA
KAKINADA – 533 003, ANDHRA PRADESH**

APPLICATION FOR TRANSCRIPTS OF B.TECH. / B.PHARMACY
(To be submitted through the college where studying)

Name of the Student : _____

Course : _____ Branch : _____

H.T. No. :

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College where studying: _____
/ studied

DETAILS OF TRANSCRIPTS REQUIRED

1. Set of Memos of Marks (If the space is insufficient write details on back – side)

| S.No | Year - Semester | Month & Year | Month & Year | Month & Year | Month & Year |
|------|-----------------------------------|--------------|--------------|--------------|--------------|
| 1 | I B.Tech. / B. Pharmcy – I Sem | | | | |
| 2 | I B.Tech. / B. Pharmcy – II Sem | | | | |
| 3 | II B.Tech. / B. Pharmcy – I Sem | | | | |
| 4 | II B.Tech. / B. Pharmcy – II Sem | | | | |
| 5 | III B.Tech. / B. Pharmcy - I Sem | | | | |
| 6 | III B.Tech. / B. Pharmcy – II Sem | | | | |
| 7 | IV B.Tech. / B. Pharmcy – I Sem | | | | |
| 8 | IV B.Tech. / B. Pharmcy – II Sem | | | | |

Total No. of Marks Memos in a set (a) : _____

No. of Sets required (b) : _____

2. Transcripts of Consolidated Marks Memo

No. of Copies required (c) : _____

3. Transcript of Provisional Certificate (d) : _____

4. Transcript of Original Degree Certificate (e) : _____

Total amount paid towards cost of Transcripts = [(axb)+c+d] xRs.45 = Rs. _____

SB Collect Ref. No. _____ dt. _____ (enclosed)

Name of the Bank: _____

Signature of Applicant

FORWARDED

Place :

Date :

Signature of the Principal
(with office seal)

INSTRUCTIONS

The students who require their transcripts have to submit duly filled – in prescribed application for issue of transcripts, to the Principal, along with the necessary total amount of fee (@45-00 per transcript) SB Collect payment receipt. The amount of fee must be paid through online at [ONLINE SBI.COM](https://www.sbi.com).
