



BHABHA UNIVERSITY

Jatkhedi Hoshangabad Road, Bhopal (M.P.) Pin Code – 462026

Web Site: www.bhabhauniversity.edu.in

E-Mail:- bhabhauniversitybpl@gmail.com

Application Form for Issue of Transcript of Marks

Note: PLEASE READ INSTRUCTIONS GIVEN OVERLEAF CAREFULLY BEFORE YOU APPLY

1) Name of Candidate (In Block Letters) Mr. /Ms. _____

2) Father's Name: _____

3) Name of Institutions _____

4) Course and Branch _____

5) University Enrolment No. _____

Payment Details

Amount : _____

Bank Challan (UBI RKDF Only/

Paytm Order ID _____

Date _____

6) Particulars of Examinations Appeared/Passed. (Please attach copies of all the mark sheets)

Examination (Semester or Yearly)	Session	Annual/Supplementary	Result	Marks Obtained	Division

7) Local Residence Address _____

8) Have you applied for transcript earlier, if so, please mentioned the No. & Date _____

9) Telephone (Mobile): _____

Date: _____

(Signature of the Applicant)

(FOR OFFICE USE ONLY)

The particulars regarding the above examination mentioned by the student have been verified from the record and found correct.

(P.T.O.)

INSTRUCTIONS

- 1) The Particulars of the student given in the form should correspond with those appearing in the certificate issued to him/her from time to time. The application form must be signed by student and in no case by someone else on his/her behalf.
- 2) Photocopies of all the mark sheets of the Examinations taken by the candidate to be enclosed with the application form.
- 3) The required transcript will be issued after a period of 30 working days from the date of submission of application with prescribed fee.
- 4) The delivery of the Certificate will be made in person to the Candidate or to his / her nominee, authorized in writing, at the University Office during working hours.
- 5) If required by post, they should enclose a self-addressed envelope with requisite postal charges.
- 6) Prescribed fee is Rs. 1000/- (+ Rs. 100/- postal charge)

Received documents.: _____

Signature of staff : _____

Signature of the applicant : _____

Please write full name with date : _____

Add residential address below:

