MGM UNIVERSITY

MGMCampus, N-6, CIDCO
Chhatrapati Sambhajinagar-431003

Request for Issue of Transcript/Provisional Certificate of Marks

1. PRN : | | | | | | | | | | | | |

2. Name : _____

3. Mother's Name : _____

4. College/Institute/Dept.: _____

5. Program : _____

6. Admitted in the A.Y. : _____

7. Program Completed :YES/NO Present Semester _____

8. If yes the Year of Completion: _____

9. List of SoGs Attached with the application

Sr. no	Sem	SoG No	Date	SGPA	CGPA
1					
2					
3					
4					
5					
6					
7					
8					
Over all Result:					

10. Requirement of Packing the Transcripts
Number of Transcripts _____Envelope_____,Addressed to_____

11. Fee: Amount _____ Tx. No. _____Student Sign :_____dt_____
(Applicable for Transcripts only)

Recommendation of HoD : I have checked the details given by the student and found it correct. Issue of Provisional Certificate / Transcript is recommended. **Sign:**_____**dt:**_____

For official use only

1. Fee Paid : Sign of Desk In charge:_____
2. Transcript/Provisional Certificate Issued No_____dt: _____

Sign of CoE