

**OPJU****O.P. JINDAL UNIVERSITY**

O P Jindal Knowledge Park, Punjipathra, Raigarh-496109



Form No:.....

APPLICATION FORM FOR THE ISSUE OF TRANSCRIPTS

STUDENT DETAILS:							
Name							
Programme				Branch			
Roll No.				Enroll No.			
Mobile Number				Email id			
Purpose for Applying for Transcript: _____							

DETAILS REQUIRED:							
Year	Semester	Month & Year	SGPA	Semester	Month & Year	SGPA	CGPA
01	I			II			
02	III			IV			
03	V			VI			
04	VII			VIII			

AMOUNT PAID DETAILS:

Amount Paid: Rs. _____ Transaction ID: _____ Date: _____

Signature of the candidate

Note: The Transcripts will be processed and issued on or before 10 working days from the date of receipt of the application form. Amount paid will not be refunded under any circumstances. Attach Xerox copy of all Grade Sheets and Fee Receipt.

-----Office Purpose-----

Date of Receipt of the form: _____

Signature of the Receiving Officer

Date of Processing: _____ Transcript Number: _____

Processed By: _____

Controller of Examination