ANNAMACHARYA INSTITUTE OF TECHNOLOGY AND SCIENCES

(AUTONOMOUS)

NEW BOYANAPALLI, RAJAMPET, KADAPA (Dt), A.P.

(Examination Section)

APPLICATION FORM FOR OBTAINING TRANSCRIPTS

(TO BE FILLED IN, SIGNED AND SUBMITTED BY THE CONCERNED CANDIDATE)

1.	Name of the student														
2.	Hall Ticket Number											BRANCH			
3.	Course details	B.Tech/M.Tech/MBA/MCA. _____													
4.	Contact details	PHONE						Email id							

5.	Details of marks memos and/or certificates for which transcripts are desired for: (if table is not sufficient please attach a separate sheet for the table)	S.No	Particulars of memos/certificates	AITSRMM No.	Month and Year	Required number of Copies	(For Office Use Only) Transcripts S.No.	
							From	To
			Total number of copies					

6.	Amount payable in Rs.	Total number of copies X Rs. 50.00 Total amount in Rs.	

7.	Address:			
	House/Flat No:		Mandal:	
	Road:		District/Town/ City:	
	Street/ Location		PIN:	
	Village:		State:	

Signature of the Candidate:

Date:

(For Office Use Only)

Cash Receipt No:

Date: **Verified by** **Signature of the Controller of Examinations**