GURU GHASIDAS VISHWAVIDYALAYA, BILASPUR (CG) (A Central University)

Application Form for Transcript

1. Name of Student:

4. Session:

xamination Cen	tre:			
Semester/Years	Roll No.	Passing Year	Obtained Marks	Maximum Marks
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(of all semest 9. Final Result: 10. Reason of Tr. 11. Correspondi	anscript:	Division:		ercentage:
12. Address for o	official Transcript (to whom it is to be dispa	tched in sealed envelop	oe):
13. Mob: No			E-mail ID:	
		y, Rs. 100/- for Extra eac		
	int No.			
Draft No./e-rece		tocopy of all Semesters/	Vue Maul Chest	

Signature of Student