

TEZPUR UNIVERSITY
CENTRE FOR DISTANCE AND ONLINE EDUCATION
TEZPUR-784028::ASSAM

APPLICATION FORM
(For Transcript)
(to be filled in by the applicant)

1. Name in full (block letters in English):

(in Hindi):

2. Home Address:

.....

3. Correspondence address:

..... Phone No.

4. Name of the programme completed:

5. Enrolment No.:

6. Year of passing

7. Details of previous semester examinations

Sem	Sem type (Autumn/Spring)	Year of passing	Credit completed	CGPA	Semester	Semester (Autumn/Spring)	Year of passing	Credit completed	CGPA
1 st					6 th				
2 nd					7 th				
3 rd					8 th				
4 th									
5 th									

8. Total credit completed:

9. Final CGPA:

I, _____ hereby declare that the above particulars are true to the best of my knowledge and belief. If found otherwise, I shall be liable to any action.

Date:

Full signature of the candidate

RECOMMENDATION OF THE HEAD OF THE DEPARTMENT/ CENTRE

Certified that Mr./Ms. with Enrolment No.
was a student of the Dept./Centre and passed th Semester End Examination with CGPA and completed the
credits requirements (Credit required for degree/ diploma/ certificate.

Certificate may be issued to Mr./Ms.

Head, Dept/Centre

Director
CDOE

Controller of Examinations
TU