**TEZPUR UNIVERSITY**

**CENTRE FOR OPEN AND DISTANCE LEARNING**

**TEZPUR­784 028::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** |
| 1st |  |  |  |  | 6th |  |  |  |  |
| 2nd |  |  |  |  | 7th |  |  |  |  |
| 3rd |  |  |  |  | 8th |  |  |  |  |
| 4th |  |  |  |  |  |  |  |  |  |
| 5th |  |  |  |  |  |  |  |  |  |

8. Total credit completed:

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 Controller of Examinations

CODL TU