



# Dr. N.G.P. ARTS AND SCIENCE COLLEGE

(An Autonomous Institution, Affiliated to Bharathiar University, Coimbatore)

Approved by Government of Tamil Nadu and Accredited by NAAC with 'A' Grade (2<sup>nd</sup> Cycle)

Dr. N.G.P.- Kalapatti Road, Coimbatore – 641 048, Tamil Nadu, India

Website: www.drngpasc.ac.in | Email: info@drngpasc.ac.in | Phone: +91 - 422 - 2369100

## APPLICATION FOR OBTAINING OFFICIAL TRANSCRIPT

**Date**

From

Name (Use Caps) :

Register Number :

Department :

Mobile No :

e-Mail Id :

To

**The Principal**

Dr. N.G.P Arts and Science College (Autonomous)

Dr .N.G.P – Kalapatti Road

Coimbatore – 641 048

Through

**The HOD – Department of \_\_\_\_\_**

**The Dean Academics**

Dr. N.G.P Arts and Science College (Autonomous)

Dr .N.G.P – Kalapatti Road

Coimbatore – 641 048

Respected Sir,

**Sub : Need of Official Transcript – reg.**

I had completed my \_\_\_\_\_ (UG Degree) at our Dr. N.G.P Arts and Science College (Autonomous) during \_\_\_\_\_ (period of study). As I had applied for (purpose and reason) \_\_\_\_\_, I request your good office to issue me with transcript for the said purpose.

Thanking You,

Yours Truly,

**(Name in Capital letter)**

- Photocopy of all marks sheet obtained with **SELF ATTESTATION** to be submitted
- Candidates shall collect the transcript after 10 working days
- A fee of Rs. 1000 shall be remitted to the college office and the receipt shall be enclosed along with the application for transcript

**P.T.O**

	<b>HOD</b>	<b>Dean - Academics</b>
Remarks		
Signature		

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<b>For Office Use only</b>	Receipt No.	
	Date of Fee Paid	
	Amount remitted	<b>Rs.</b>