

**EXAMINATIONS BRANCH**

SIDDHARTH INSTITUTE OF ENGINEERING & TECHNOLOGY: PUTTUR - 517 583, A.P.,
(Autonomous)

APPLICATION FORM FOR OBTAINING TRANSCRIPTS

1.	Name of the student				
2.	Admission number				
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: (attach photocopies) (if table is not sufficient please attach a separate sheet for the table)	S.No	Particulars of Memos/Certificates	Month and Year	Required number of Copies
		Total Number of Copies			
6.	Amount Payable in Rs.	Total Number of Copies X Rs. 50.00	Total Amount in Rs.		
7.	Amount paid details (DD / Challan details):				
	Bank:		DD/Challan Date:		
	DD/Challan Number:		Amount Rs :		
8.	Address:				
	House/Flat No:		Mandal:		
	Road:		District/Town/City:		
	Street/ Location		PIN:		
	Village:		State:		

IDENTIFICATION CERTIFICATE

This is certify that Mr./Mrs./Miss. _____ son/daughter of _____ bearing admission number _____ is the bonafide student of our college and has appeared for the _____ Examination of **SIETK, Puttur** held in (Month-Year) _____. Further it is certified that the copies of mark memos, and certificates for which transcripts are desired have been verified with the originals and found to be true. The copies have been attested by me and the candidate has signed in my presence.

Signature of the candidate

Head of the Department
(with seal)Controller of Examinations
(with seal)

Date: