



# NIMS UNIVERSITY RAJASTHAN, JAIPUR

DIRECTORATE OF DISTANCE EDUCATION

## REQUISITION FORM TRANSCRIPT

NOTE- THE OFFICE WILL NOT BE LIABLE FOR ANY DELAY CAUSED BY INCOMPLETE FILLED FORM AND INSUFFICIENT DOCUMENTS.					APPLICATION No (For Office Use):										
1. STUDENT'S NAME					2. D.O.B.(MM/DD/YYYY)										
3. FATHER'S NAME															
4. PARTICULARS OF THE EXAMINATION(S)FOR WHICH THE TRANSCRIPT IS REQUIRED															
PROGRAMME NAME	APPEARING YEAR	SESSION/YEAR OF PASSING (MM/YYYY)	ENROLLMENT NO.	ROLL NO.	MARKS OBTAINED	RESULT									
	First Year <input type="checkbox"/>														
	Second Year <input type="checkbox"/>														
	Third Year														
	Final Year														
5. PLEASE PROVIDE THE DETAILS OF LAST EXAMINATION TRANSCRIPT															
PROGRAMME NAME	NAME OF SCHOOL/INSTITUTION/ COLLEGE/UNIVERSITY		SESSION/YEAR OF PASSING (MM/YYYY)	ENROLLMENT NO.	MARKS OBTAINED	RESULT									
			TO												
6 FEE DETAILS: (Note-DD should be drawn in favour of NIMS University, Payable at Jaipur.)															
DD NO.	AMOUNT	NAME OF BANK AND LOCATION			DATE(MM/DD/YYYY)										
7. ADDRESS (Where the TRANSCRIPT certificate is to be delivered including ZIP code)															
Mob No.:		Land Line Ph. No.(with STD Code):		Email ID:											
8. DECLARATION:															
I hereby certify and declare that the information given in the Application is complete and accurate to the best of my knowledge. I understand and agree that misrepresentation or omission of facts will justify the cancellation of my Requisition Form Transcrip. I abide to all the terms & conditions of the University.															
Date (MM/DD/YYYY):				Signature of Applicant: .....											
9. DOCUMENT(S) ATTACHED:															
(i) Self-attested photocopy of 10 <sup>th</sup> (High School) Certificate.															
(ii) All other self-attested educational documents i.e. 12 <sup>th</sup> , Graduation, Post-Graduation, Diploma etc															
(iii)Demand Draft of requisite fee (Rs. 5000).															
(iv) Valid certificate (e.g. diploma/transcript etc.) of thatprogrammeagainst which he/she was admitted to "Lateral Entry/Migration".															
(v) Self attested photocopy of all year(s) Mark sheets of that programme for which the Transcript Certificate is required.															
FOR OFFICE USE ONLY															
1. CHECK LIST:		Received <input type="checkbox"/> Not Received <input type="checkbox"/>		(b) Requisite fee: Rs.5000		Received <input type="checkbox"/> Not Received <input type="checkbox"/>									
(a) Self attested documents		Comment (if any) .....		Comment (if any) .....											
(c) Form Status		Approved <input type="checkbox"/> Not Approved <input type="checkbox"/>		Reason (if any): .....											
2. TRANSCRIPT FORM RECEIVED ON: ___/___/___				RECEIVED BY .....											
3. TRANSCRIPT PREPARED ON: ___/___/___				SERIAL NO. <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
4. TRANSCRIPT DELIVERED:		5. DATE OF DELIVERY: ___/___/___		6. TRACKING NO. <table border="1" style="display: inline-table; width: 100px; height: 20px;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>											
BY POST <input type="checkbox"/> *BY HAND <input type="checkbox"/>															
7. SIGNATURE OF NDDE OFFICIAL: ..... Comment (If any): .....															
* Signature of Applicant: (if deliver by hand):															
DATE: ___/___/___				SIGNATURE: .....											