



SNU
SISTER NIVEDITA
UNIVERSITY



DG 1/2, Action Area I, New Town, Kolkata, West Bengal -700156

Application No: SNU/AT/...../.....
For Office Use only

APPLICATION FOR ACADEMIC TRANSCRIPT

Name of the Applicant:			
Student ID:		Registration Number:	
Department:		Program:	
Year of Admission:		Current Semester/Year : <i>(If final semester is over, then write 'Completed')</i>	
Address for Communication:			
Contact No:		E-mail ID:	
<i>Furnish the following details of the recipient, if required</i>			
Name of Recipient (Name of Concerned Official to be Addressed)		Address with Postal Code	Email-ID
Number of total copies required <i>a) Rs. 1000/- for each copy.</i> <i>b) Rs. 2000/- for each copy, if international recipient.</i>			
Payment Details : If Paid via [DD; NEFT; UPI] <i>(Attach Transaction Details along with application)</i>		Provide Details of Transaction :	

DECLARATION: I solemnly confirm that the information furnished by me is correct to the best of my knowledge and belief.

Place:

Date:

.....
Signature of the Candidate

For Office Use Only
-Approvals-

.....
(Signature with Date)
Name:.....
[Office of the CFO]

.....
(Signature with Date)
Name:.....
[Office of the COE]

Application No: SNU/AT/...../.....

Receipt copy (to be filled by the Officials)

APPLICATION FOR ACADEMIC TRANSCRIPT

Name of the Applicant:	
Student ID:	Registration Number:
Program:	

.....
Received by (Name)

.....
Signature with Date

..... Reporting Date & Time
