

SHRI G.S.INSTITUTE OF TECHNOLOGY AND SCIENCE : INDORE
(An Autonomous Institute)
23.PARK ROAD, INDORE – 452003

To,
The Director,
Shri G.S.Institute of Tech. & Science
23, Park Road Indore –452003

Sub: Application for issue of transcripts for Foreign University

S.No.	Name of University	No of Sets Required
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

DETAILS OF CANDIDATE

1. Name & Mobile No. : _____
2. Father's Name : _____
3. Full Address : _____

4. Month & Year of Passing : _____
5. Branch : _____
6. Purpose of requirement : _____

Thanking You,

INDORE :

DATED :-----

Yours faithfully,

(Signature of Applicant)

Note : Detail of fees to be deposited per set of Transcript :
1 Original Per Univ. Rs. 500/-

