



Register No.		Name of the Candidate (in CAPITAL LETTERS)	
Programme & Branch		School	
Mobile No.		Email Id	

Application for the purpose of (☑ for Applicable)			
➤ Transcripts	Cost	No. of Sets required	Amount
<input type="checkbox"/> Consolidated	250		
<input type="checkbox"/> Exam Month / Semester wise	EachMonth/Semester 150	(No. of months/sem) * 150* Sets	
<input type="checkbox"/> Provisional Certificate (After Graduation Only)	200		
<input type="checkbox"/> Provisional Grade Statement (Before getting the Original Grade Cards)	Gratis	1	--
<input type="checkbox"/> Scanning	100	All pages	
➤ Purpose of applying:			Total:

Signature of the Applicant

Controller of Examinations

❖ **Enclose** ["VIT Payment Original Receipt"]

Payment Details: VIT Bill No. _____ Bill Date _____ Amount _____

❖ **Demand Draft** [In favor of VIT University Payable at Vellore, India.]

Name of the Bank: _____ City _____ Country: _____

Demand Draft No. _____ Dated: _____ for Rs. _____

❖ **Mode of Delivery**
(Tick any one; all deliveries required a minimum of 2 working days from the date of confirmation of payment)

Self collection at COE Office

Authorized collection: Name of the Person: _____ Relationship: _____
(Authorized person has to bring any valid Photo ID Proof)

By post: (self addressed envelope with necessary postage is required)

Address for Delivery:

House/Apt.No. _____ Building/Street No. _____

Address line: _____

City: _____ State _____ Postal Code: _____ Country: _____

❖ **Delivery :**

Receiver's Name: _____

Receiver's Signature: _____ Date: _____