1 : Jas MUP/J.Dept.352-1000x1 pp-11-2

## INSTITUTE OF DISTANCE AND OPEN LEARNING UNIVERSITY OF MUMBAI

For Post-graduate

## TRANSCRIPT CERTIFICATE

Result : Passed the	degree examir	nation in	Class.		
	*	Grand Total			
		Total of Par	Total of Part - I		
		Total			
4.		· ·			
3.					
2.					
1.					
Seat No.					
Year & Month of Passing the Exam. :		*	Part - II :		
Course:		Year :			
4.					
3.					
2.					
1.					
	obtained	Marks	Marks	Obtained	
Name of the Subject	Marks	Minimum	Maximum	Class	
Seat No			management (		
Year & Month of Passing the Exam. :					
ourse :		Year:			
respectively.					
Part - I and Part - II examination held in _					
The following, are the papers of the said gr					
She/He had offered				· .	
The duration of the course is of the course					
and Part - I					
	Ie/She had joined thePart - I course in the academic year				
His/Her date of birth as recorded in his/her			icate is	*	
He/She is/was registered as a student	in this Institute d	uring the year.			
University of Mumbai.					
a bonafied student of the	course	studying in the i	nstitute of Dista	nce Education	

## UNIVERSITY OF MUMBAI INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)

	Name :
	Address :
	Email ID :
×	
	Tel./Mob. No. :
	Date :
The Professor-cum-Director, Institute of Distance And Open Learning University of Mumbai,	
Sub. : Issue	of Transcript Certificate
Sir,	
This is to request you to issue me a	Transcript Certificate for the purpose of
I am submitting herewith the followir reference:	ng documents in support of my claim for your read
<ol> <li>Photo copy of Identity Card.</li> <li>Attested photo copies of all atte</li> <li>Attested photo copy of Schoo Birth Certificate.</li> <li>Photo copy of Marriage Certificate.</li> <li>(All Original documents for verificate)</li> </ol>	I Leaving Certificate/S.S.C. Passing Certificate ate/Gazette, if name change.
Thanking you,	
The many you,	Yours faithfully,
	(Signature of the Student)
FOR OF	FICE USE ONLY
Verified by	
Received ₹	
(₹ 500/- for Under-graduate and ₹ 750/- for	or Post-Graduate)
Receipt No.:	•
Date :	

Signature of the A/c's Clerk