

BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE, PILANI, PILANI-CAMPUS
Academic Undergraduate Studies Division

Ref. No.: AUGS/T/13/

Dated: May 01, 2018

C I R C U L A R

for **continuing** student

The following charges shall be applicable for issue of academic records and duplicates for continuing student.

ITEM	Charges		Remarks
	in INDIA (Rs.)	Abroad (USD \$)	
I. Continuing Transcript (Original) <i>Duplicate of continuing transcript</i> (Note: If you need transcripts in separate sealed cover(s), clearly indicate it in your request and you must provide the addressed envelope(s). Don't forget to write your ID.NO. on top left-hand corner of the envelope(s))	200	10	per copy
	100	05	
II. Duplicate Grade Sheet/Mark Sheet (Only issued until the issue of <i>Final Transcript</i>)	100	05	per copy

Mailing charges for each mailing address are as follows:

(a) By Registered Post (per copy):			
(i) Within India	100	10	per copy
(ii) To foreign countries (by Air)	200	15	per copy
(b) By Speed Post (per copy):			
(i) Within India	100	10	per copy
(ii) To foreign countries	1800	30	per copy

Payment shall be made by a **Demand Draft (DD)** drawn in favour of BITS, Pilani on Axis/ICICI/SBI/Yes/UCO Bank and others or **International Money Order** in favour of BITS, Pilani. **Outstation Cheques/ Drafts are not accepted.**

IDNO (Roll No.) MUST be given in the request without which it will not be possible to process the request.

Request along with correct payments shall be sent to:

The Associate Dean
Academic Undergraduate Studies Division
BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE
PILANI – 333 031 (RAJASTHAN), INDIA

Associate DEAN

Requisition for Issue of **DUPLICATE GRADE SHEET**

To

for **continuing** student



The Associate Dean
AUGS Division, BITS

FOR OFFICE USE
Requisition No. _____
Payment Verified

Sir,

Please issue me the following (ticked✓) documents:

ID.NO.: _____ **NAME:** _____

I am On-Campus HOSTEL: _____ **ROOM NO.:** _____

e-mail: _____ **Phone No.:** _____

I am in PS-2 at _____

Duplicate Grade Sheet/Mark Sheet for following semesters	Copies	Charges (Rs.)	Total charges
<input type="checkbox"/> I /II Semester _____ Year (Ex.. I 2017-2018)	<input type="text"/>	100/- per copy	_____
<input type="checkbox"/> I /II Semester _____ Year	<input type="text"/>	100/- per copy	_____
<input type="checkbox"/> Sum Term _____ Year	<input type="text"/>	100/- per copy	_____
<input type="checkbox"/> I /II Semester _____ Year	<input type="text"/>	100/- per copy	_____
<input type="checkbox"/> I /II Semester _____ Year	<input type="text"/>	100/- per copy	_____
<input type="checkbox"/> I /II Semester _____ Year	<input type="text"/>	100/- per copy	_____
<input type="checkbox"/> I /II Semester _____ Year	<input type="text"/>	100/- per copy	_____
<input type="checkbox"/> I /II Semester _____ Year	<input type="text"/>	100/- per copy	_____
Total	<input type="text"/>		<input type="text"/>

Postal charges (Registered Post/ Speed Post) _____

Total amount payable Rs.:

I have paid the above amount

by cash receipt No.: _____ Dated: _____ or

by Demand Draft _____

(Give details like DD No./Issuing Bank/Date/Amount etc.)
(Please mention your ID.NO. and Name on the back of DD)

<input type="checkbox"/> Please post the document(s) to:	
<input type="checkbox"/> I shall collect the document(s) personally	

Please tick appropriate box

Date: _____

Signature

<p>For office use (Details of dispatch) Dispatched by: <input type="checkbox"/> Speed Post/ <input type="checkbox"/> Registered Post Dispatch No: _____ Dispatched date: _____ Signature of Dispatcher: _____</p>	<p>Received</p> <p>Signature with date</p>
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