

BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE, PILANI, PILANI-CAMPUS**Academic Registration & Counselling Division**

Ref. No.: ARC/T/13/

Dated: July 01, 2015

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 Students.

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 (Only issued until the issue of final Transcript)	100	05	per copy

Mailing charges for each mailing address are as follows:

(a) <u>By Registered Post</u> (per copy):			
(i) Within India	80	10	per copy
(ii) To foreign countries (by Air)	100	10	per copy
(b) <u>By Speed Post</u> (per copy):			
(i) Within India	100	10	per copy
(ii) To foreign countries	1000	25	per copy

Payment shall be made by a ***Demand Draft*** drawn in favour of BITS on UCO Bank, Vidya Vihar Pilani/ SBBJ, Pilani 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 Dean
Academic Registration & Counselling Division
BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE
PILANI – 333 031, INDIA

DEAN

Requisition for Issue of **DUPLICATE GRADE SHEET**

for **Continuing** student

To
The Dean
ARC Division
BITS, PILANI

FOR OFFICE USE
Requisition No. <input style="width: 80px;" type="text"/>

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 for following semesters	Copies	Charges (Rs.)	Total charges
<input type="checkbox"/> I / II Semester _____ Year (ex. 2015-2016)	<input style="width: 40px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> I / II Semester _____ Year	<input style="width: 40px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> I / II Semester _____ Year	<input style="width: 40px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> I / II Semester _____ Year	<input style="width: 40px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> I / II Semester _____ Year	<input style="width: 40px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> I / II Semester _____ Year	<input style="width: 40px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> I / II Semester _____ Year	<input style="width: 40px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> I / II Semester _____ Year	<input style="width: 40px;" type="text"/>	100/- per copy	_____
Total	<input style="width: 40px;" type="text"/>		<input style="width: 80px;" 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 mail the document(s) to: ➔	
<input type="checkbox"/> I shall collect the document(s) personally	

Please tick appropriate box

Date: _____

Signature

<p><i>For office use (Details of dispatch)</i></p> Dispatched by: <input type="checkbox"/> SP/ <input type="checkbox"/> RP Dispatched on: _____ Dispatch No.: _____ Signature of Dispatcher: _____	<p style="text-align: center;"><i>Received</i></p> <p style="text-align: center;">_____ <i>Signature with date</i></p>
--	--