

TEEGALA KRISHNA REDDY ENGINEERING COLLEGE

(UGC-Autonomous)

(Sponsored by TKR Educational Society, Approved by AICTE, Affiliated to JNTUH)
Accredited by NAAC with 'A' Grade. Accredited by NBA

Medbowli, Meerpet, Balapur(M), Hyderabad, Telangana- 500097

Mob: 8498085218. Email: info@tkrec.ac.in, www.tkrec.ac.in



College Code: R9

APPLICATION FORM FOR THE ISSUE OF TRANSCRIPTS

STUDENT DETAILS:			
Name			
Hall Ticket Number		Branch	
Programme	B.Tech / M.Tech / MBA	Class / Section	
Mobile Number		Email id	

PURPOSE FOR ISSUE OF OFFICIAL TRANSCRIPTS (ATTACH THE PROOF):		
Higher Education	Competitive Examination	Placement

Give the detailed information about the purpose. For Higher Education, attach your GRE/GMAT/IELTS/GATE/Others (if any) Score card also.
For Placement, attach Offer Letter/Appointment Letter from the company.

DETAILS OF TRANSCRIPTS REQUIRED:

S.No	Semester	Month & Year	Month & Year	Month & Year	Month & Year	Month & Year	Month & Year
01	I						
02	II						
03	III						
04	IV						
05	V						
06	VI						
07	VII						
08	VIII						

SET OF MARKS MEMOS:

Total No. of Marks Memos in a Set (a)	
No. of Sets required (b)	

TRANSCRIPT OF CGM/CMM:

No. of Copies required (c)	
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TRANSCRIPT OF PC:

No. of Copies required (d)	NA
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Total Amount to be paid towards the cost of Transcripts = [(axb)+c+d] x Rs. 100/- + 5/-
(includes application fee Rs. 5/-)

Amount in Words	
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AMOUNT TO BE PAID ONLINE TO THE FOLLOWING ACCOUNT:

Account Details: A/C No: 386601001316 TEEGALA KRISHNA REDDY ENGINEERING COLLEGE Bank: ICICI BANK, IFSC: ICIC0003866, Branch: Hasthinapuram.	Pay with QR Code (Mention HT Number in Comments) 
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Transaction ID: _____ Date: _____

Yours obediently,

Signature of the candidate

Note: Payment made to other accounts will not be considered. Amount paid will not be refunded under any circumstances.
The Transcripts will be processed and issued on or before 10 working days from the date of receipt of the application form.

-----Office Purpose-----

Date of Receipt _____ Any Remarks _____

Signature of the Receiving Officer

Date of Processing _____

Processed By _____

Signature of ACE/CoE