## **APPLICATION FOR TRANSCRIPT CERTIFICATE**

Name Of The S	tudent:		
(Surname) Name)	(Own name)	(Father's/ Husband Name)	(Mother
Residential Ad	dress (As registered in	UNIVERSITY OF MUMBAI)	
PIN CODE			
Mobile No		_ Res. No	
G.R. No	Date	of Birth	_
•			
Respected Ma	adam,		
I am to state t	hat, I am seeking ad	mission to the	
class/course	at		
		(Name of University/college of	
	(Count	ry/State).	
I therefore red	quest you to issue me	e a Transcript Certificate.	
I am remittin	g herewith the nec	essary amount towards the fees	for the Transcript
Certificate alo	ong with this Applicati	ion.	
I have attache	ed <b>SELFATTESTE</b>	PHOTO COPIES of all Mark sh	eets and shall carry
ORIGINAL w	hile submitting this a	pplication.	

## PARTICULARS FOR THE MARKSHEET ARE AS FOLLOWS:

## FOR LL.B. (3 Years) Law Course

Sr. No	Particulars	SEMI	SEM 2	SEM 3	SEM 4	SEM 5	SEM 6
1	Regular Admission in Academic year						
2	Examination Seat Nos.						
3	Exam.Result (passes/Failed/AT KT)						
4	Month and year of Examination						

FOR B.L.S/ LL.B. (5 Years) Law Course

Sr. No	Particulars	SEM I	SEM 2	SEM 3	SEM 4	SEM 5	SEM 6	SEM 7	SEM 8
1	Regular Admission in Academic year								
2	Examination Seat Nos.								
3	Exam.Result (passes/Failed/ATKT)								
4	Month and year of Examination								

Yours Faithfully

Signature of the Student