

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

Ref. No.: ARC/T/13/

Dated: May 01, 2018

C I R C U L A Rfor **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)	200	10	per copy
<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))	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 Registration & Counselling Division
BIRLA INSTITUTE OF TECHNOLOGY & SCIENCE
PILANI – 333 031 (RAJASTHAN), INDIA

Associate DEAN

Requisition for Issue of **DUPLICATE GRADE SHEET**

C

for **Continuing** student

To
The Associate 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/Mark Sheet for following semesters	Copies	Charges (Rs.)	Total charges
<input type="checkbox"/> I /II Semester _____ Year (ex. I 2017-2018)	<input style="width: 50px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> I /II Semester _____ Year	<input style="width: 50px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> Sum Term _____ Year	<input style="width: 50px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> I /II Semester _____ Year	<input style="width: 50px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> I /II Semester _____ Year	<input style="width: 50px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> I /II Semester _____ Year	<input style="width: 50px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> I /II Semester _____ Year	<input style="width: 50px;" type="text"/>	100/- per copy	_____
<input type="checkbox"/> I /II Semester _____ Year	<input style="width: 50px;" type="text"/>	100/- per copy	_____
Total	<input style="width: 50px;" type="text"/>		<input style="width: 100px;" 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><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>
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