

ETHIRAJ COLLEGE FOR WOMEN (AUTONOMOUS) CHENNAI-08

OFFICE OF THE CONTROLLER OF EXAMINATIONS

Procedure to Apply for a Transcript

Transcripts are issued to alumna of the college for purposes of applying to higher education institutions.

To apply for a transcript the following steps have to be undertaken.

1. Download, print and fill the transcript application form given in the college website/collect the same from the Office of the COE.
2. Attach a photocopy of the Consolidated Statement of Marks to the completed form.
3. Obtain the signature of your Head of the Department on the filled in application.
4. Make the payment specified below into the appropriate Bank account given below.
Bank:- IOB- Women Entrepreneur Branch-Ethiraj College
Amount: Rs. 2000/- per copy of transcript
Account Numbers:
AIDED- Examination Fee Account No. 1067
SELF-SUPPORTING-Examination Fee Account No.1175
5. Submit the completed application form, original bank challan for payment of transcript fees, and copy of Consolidated Statement of Marks to the Office of the Controller of Examinations.
6. Transcripts must be collected in person (or by any person authorised by the candidate in writing).
7. The **ORIGINAL CONSOLIDATED STATEMENT OF MARKS** signed by the candidate must be produced for verification at the time of issue of the transcripts .The original consolidated statement of marks **MUST NECESSARILY** bear the signature of the student.
8. Neatly printed label of the address to which the transcript is to be sent must be provided by the candidate. The college will send the transcript by Registered Post with acknowledgment due to the address provided.

A minimum time period of **20 WORKING DAYS** is required for preparation and issue of the transcripts. No processing of applications for transcripts will be undertaken during the examination period.

For any further enquiries email us at: coeethiraj@gmail.com

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OFFICE OF THE CONTROLLER OF EXAMINATIONS
TRANSCRIPT APPLICATION FORM

NAME OF THE APPLICANT:

DEPARTMENT:

BATCH:

YEAR AND MONTH OF COMPLETION OF STUDY:

REGISTER NUMBER:

REASON FOR APPLICATION: _____

PHONE NUMBER:

NUMBER OF COPIES OF TRANSCRIPT REQUIRED:

AMOUNT PAID:

ACCOUNT NUMBER:

DATE OF PAYMENT:

SIGNATURE OF THE STUDENT*:

SIGNATURE OF THE **HEAD OF THE DEPARTMENT**:

*I undertake that the information provided above is accurate and true to the best of my knowledge. I understand that the college **does not accept any liability** for the documents lost in transit.

For Office Purposes:

- Copy of Consolidated Statement of Marks
- Original Receipt of Payment of Fees.
- Signature of Candidate on Marks Statement

Date of Submission:

SIGNATURE OF THE CONTROLLER OF EXAMINATIONS
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