



The ICFAI University, Dehradun
REQUISITION FOR ISSUE OF DUPLICATE TRANSCRIPT

For **Graduated** Students

To
 The Registrar
 IUD, Dehradun
 Sir,

For Office Use	
Requisition No.	<input type="text"/>
Payment Verified	

Please issue me the following (ticked✓) documents:

ID. NO.: _____ NAME: _____

<input type="checkbox"/> Duplicate Transcript	Copies	Charges (Rs)	Total charges
	<input type="text"/>	400 per copy	_____
(Postal charges (<input type="checkbox"/> Courier/ <input type="checkbox"/> Speed Post))			_____
Total amount payable:			<input type="text"/>

I have paid the above amount (**Payment by DD Only in favor of: ICFAI University Dehradun Fee Collection A/c, payable at Dehradun**)

by **Demand Draft** _____
 (Give details like DD No. / Issuing Bank /Date /Amount etc.)
 (Please mention your ID. NO. and name on the back of the DD)

<input type="checkbox"/> Please mail the documents(s) to _____ <input type="checkbox"/> I shall collect the document(s) personally	_____

	Ph No: _____

[Please tick appropriate boxes ✓]

Date: _____ Signature _____
Note: No request for sealing / forwarding etc. will be entertained once the duplicates are issued)

For office use (details of dispatch) Dispatched by: Dispatched on: Dispatch no : Signature of Dispatcher:	Received _____ Signature with date
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