



Shirpur Education Society's  
**R. C. PATEL INSTITUTE OF TECHNOLOGY, SHIRPUR**  
An Autonomous Institute

( Affiliated to Dr. Babasaheb Ambedkar Technological University, Lonere )



**आर. सी. पटेल इन्स्टिट्यूट ऑफ टेक्नॉलॉजी, शिरपूर**  
(स्वायत्त महाविद्यालय )

Application For: **Transcript Certificate**

Date :- / /202

**To,**  
**The Director,**  
**R C Patel Institute of Technology, Shirpur**

Sir,

I, the undersigned, request you to issue me a **Transcript Certificate** of having passed the B. Tech  
(Branch:- ) examination on AY 20 - 20 held by the  
Institute. I require the above certificate for purpose.

**A) Details of Payment:**

Demand Draft (DD): No. Date:

Name of Bank: Branch:

**B) Personal details:**

Name:-  
(As per the Final Year Marks-Statement)

Male / Female

Address for Correspondence :-  
(With Pin Code)

State :- Pin Code:-

Email:- Mobile No:-

**C) Academic details:**

**1. Examination:**

(Last Year Exam details: BTECH/MCA)

2. Month & Year of Passing: 3. PRN No

4. Name of University- NMU/DBATU/ Autonomous (Affiliated to DBATU)

5. FINAL CGPA

Thanking you,

Yours faithfully,

(Signature of the Applicant)

Signature  
Dean International Relations

Seal & Signature  
Controller of Examination

Seal & Signature  
Director /Dy. Director

Attachment :- Xerox - All Semester Grade cards