

**SRI VENKATESWARA INSTITUTE OF MEDICAL SCIENCES, TIRUPATI
ACADEMIC SECTION**

ACAD FORM - 15
APPLICATION FOR TRANSCRIPT

From

Tirupati
Date:

To

The Principal / Registrar
SVIMS
Tirupati.

Sir/Madam,

Sub: SVIMS, Tirupati – Issue of Transcript – Requested – Reg.

I.....admission no.....completed.....
course in speciality during the period fromto

I request you to issue the Transcript for the course. The necessary fees of Rs.....vide
challan / DD No.....,dated..... was paid and here by enclosed.

Further, I enclosed the Degree certificate and Marks Memos for the course I studied at
SVIMS.

Thank you

Yours Sincerely

Signature
Mobile No: