



DWARAKA DOSS GOVERDHAN DOSS VAISHNAV COLLEGE (AUTONOMOUS)

CHENNAI – 600 106

STUDENTS REQUISITION FORM

Date :

To
The Controller of Examinations

1. Name of the Student :
2. Date of Birth :
3. Department :
4. Mobile No. :
5. Reg. No. / Roll No. :
6. Year of Passing (only for passed out Students) :
7. Applying for : **Mark Sheet/Consolidated Mark Sheet /**
 - i) If you are applying for mark sheet,
Please tick the appropriate semester for
which mark sheet is applied : **I / II / III / IV / V / VI**

Nov. Year :	
Apr. Year :	

- ii) If you are applying for Consolidated / Transcript
marksheet (Compulsorily attach the bank fees challan) :

8. If you have any other specific request please mention below : (Ex. : Date of birth correction, Name correction etc.)
For **Name and Date of birth correction, attach the Transfer Certificate**

Controller of Examinations

Signature of the Student

S.No.

Date :

Name of the student :

Reg. No. / Roll No. :