

**K. J. Somaiya College of Engineering, Mumbai-77**  
(Autonomous College Affiliated to University of Mumbai)

**Date of Transcript fees Paid:** \_\_\_\_\_

**Receipt No.** \_\_\_\_\_

**Transcript Application**

**Date:** \_\_\_\_\_

**Roll No.:** \_\_\_\_\_ **Branch of Study:** ETRX/EXTC/COMP/ I.T./ MECH/PROD/ M.T.

**Name of the Student:** \_\_\_\_\_  
(As per Mark List)

**Residential Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact No.** (Res.) \_\_\_\_\_ (M) \_\_\_\_\_

**E-mail ID:** \_\_\_\_\_

**Year of Admission:** \_\_\_\_\_

**Year of Graduation:** \_\_\_\_\_

**Year of Post Graduation:** \_\_\_\_\_

**Name and Signature of the Applicant**

**For office use only:**  
Date of issuing transcript: \_\_\_\_\_

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**Date of Transcript fees Paid:** \_\_\_\_\_

**Receipt No.** \_\_\_\_\_

**Receipt for Application(To be produces while Collecting Transcripts)**

Received application for transcript from \_\_\_\_\_  
on \_\_\_\_\_. The transcripts will be issued on \_\_\_\_\_.

**Date:**

**Signature of Transcript Issuing Authority**