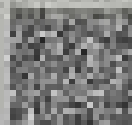
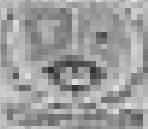


NIMS UNIVERSITY

(APUR GAJASTI 1980)



TRANSCRIPT

REGISTRATION INFORMATION AND EXAMINATION

1. Name of the Candidate: **Dr. [Name]** 2. Roll Number: **[Roll No.]** 3. Date of Birth: **[DOB]** 4. Address: **[Address]**

REGISTRATION INFORMATION		EXAMINATION INFORMATION	
Name of Candidate:	[Name]	Roll Number:	[Roll No.]
Date of Birth:	[DOB]	Year of Study:	[Year]
Address:	[Address]	Branch/Department:	[Branch]
Registration Fee Paid:	[Amount]	Examination Fee Paid:	[Amount]
Registration Number:	[No.]	Examination Number:	[No.]

Sl. No.	Name of the Course	Grade	Credit Hours
1	[Course Name]	[Grade]	[Hours]
2	[Course Name]	[Grade]	[Hours]
3	[Course Name]	[Grade]	[Hours]
4	[Course Name]	[Grade]	[Hours]

Sl. No.	Name of the Course	Grade	Credit Hours
1	[Course Name]	[Grade]	[Hours]
2	[Course Name]	[Grade]	[Hours]
3	[Course Name]	[Grade]	[Hours]
4	[Course Name]	[Grade]	[Hours]

Sl. No.	Name of the Course	Grade	Credit Hours
1	[Course Name]	[Grade]	[Hours]
2	[Course Name]	[Grade]	[Hours]
3	[Course Name]	[Grade]	[Hours]
4	[Course Name]	[Grade]	[Hours]

Sl. No.	Name of the Course	Grade	Credit Hours
1	[Course Name]	[Grade]	[Hours]
2	[Course Name]	[Grade]	[Hours]
3	[Course Name]	[Grade]	[Hours]
4	[Course Name]	[Grade]	[Hours]

Sl. No.	Name of the Course	Grade	Credit Hours
1	[Course Name]	[Grade]	[Hours]
2	[Course Name]	[Grade]	[Hours]
3	[Course Name]	[Grade]	[Hours]
4	[Course Name]	[Grade]	[Hours]

Sl. No.	Name of the Course	Grade	Credit Hours
1	[Course Name]	[Grade]	[Hours]
2	[Course Name]	[Grade]	[Hours]
3	[Course Name]	[Grade]	[Hours]
4	[Course Name]	[Grade]	[Hours]

Name	Grade	Credit Hours	Total
[Name]	[Grade]	[Hours]	[Total]
[Name]	[Grade]	[Hours]	[Total]

Signature: _____ Date: _____

Principal, NIMS University