

## **OFFICE OF THE CONTROLLER OF EXAMINATIONS**

## **APPLICATION FOR CGPA TO PERCENTAGE CONVERSION**

		Date:			
1	Name				
2	Register Number				
3	Degree & Branch	Period of Study			
4	Contact Number				
5	Email ID				
6	CGPA obtained till the last semester Examination				
7	Purpose of the Certificate				
8	Payment Details (Rs. 100/-)				
0	Receipt No. & Date:				
9	The fee for issue of transcripts is Rs.1000/- (Rupees One Thousand only) per set to be paid in the				
,	the following Institute account:				
	Account Name: HINDUSTAN INSTITUTE OF TECHNOLOGY & SCIENCE EXAM A/C				
	Account Number: 25540100000001				
	Bank Name: INDIAN OVERSEAS BANK				
	Branch : PADUR				
	IFSC CODE: IOBA0002554				
10	Mode of Delivery (Tick any one)				
	□ Self-Collection at COE Office				
	$\Box$ <b>Authorized collection:</b> Name of $\Box$	he Person:Relationship:			
	(Any Valid Photo ID is required)				
	$\Box$ <b>By Post</b> (give full address with Pi	ncode, Mobile No.)			
	1				
Signature of the Individual with dateController of Examinations					

## Enclose the photocopy of:

- 1. Consolidated Mark sheet
- 2. Payment receipt

## For Office Use:

Date of Certificate issued:	Prepared by	
Folio No. / Sl.No:	Verified by	