UNIVERSITY OF MUMBAI INSTITUTE OF DISTANCE AND OPEN LEARNINGE

	Name:
	Address:
	Email. ID:
	Tel./Mobile No
	Date:
The Professor-cum-Director, I.D.O.L. University of Mumbai.	
Sub.: Issue of Transcript Certification	ate.
Sir,	
,	e me Transcript Certificate for the purpose of
I am submitting herewith the	e following documents in support of my claim
for your ready reference:	e ronowing documents in support of my claim
1 Photo copy of Identity Card	
 Photo copy of Identity Card. Attested photo copies of all a 	ttempts Marksheets
	hool Leaving Certificate OR S.S.C. Passing
Certificate OR Birth Certificate	_
	ficate OR Gazette, if name change.
(All Original documents for v	
Thanking You.	
	Yours faithfully,
	(Signature of the Student)
	(Signature of the Student)
FOR OFFIC	CE USE ONLY
Verified by	
Descined De	
Received Rs. (Rs. 500/, for Under graduate and R	2s 750/ for Post Graduata)
(Rs. 500/- for Under-graduate and F Receipt No	xs. 150/- 101 F0st-Graduate)
Receipt No Date:	
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