



website : www.cu.ac.bd
 e-mail : dracademiccu@yahoo.com
[dracademic.cu.@ gmail.com](mailto:dracademic.cu.@gmail.com)

AGRANI BANK, C.U.BRANCH

Pay Order No:

Dated:

Tk.....

The Deputy Controller of Exams./Deputy Registrar,
 Controller Office, CU is requested to verify the
 particulars stated by the applicant & to send the report as
 per serial 20

Dealing Asstt./Dealing Officer

Dy. Controller of Exams./DR. (Academic)

To
 The Deputy Controller of Examinations
 Academic Section
 Office of the Registrar
 University of Chittagong

APPLICATION FOR ACADEMIC TRANSCRIPT

- 1.Name of the Student (in block letters) :
- 2. Father's/Husband's Name :
- 3. Mother's Name :
- 4. Present Postal Address :
- 5. Mobile No :
- 6. Name of the Institution :
- 7. Registration No. / ID NO :Session.....
- 8. Name of the Examination Passed :
- 9. Duration of Course :
- 10. Examination Roll No. :
- 11. Year of Examination : (Held in)
- 12 .Class obtained with Position/CGPA/GPA earned :
- 13. Subject/Discipline :
- 14. Faculty :
- 15. Name of Hall :
- 16. Medium of Instruction :

17. State the status if the applicant is in the service of Chittagong University :-

18. Full postal address (in block letters) of the person (s) or organization (s) is/are to be mentioned
 where the verification report is/ are/ to be sent (Recipient Address).

19. For verification & sending report of each degree to one person/organization, a fee of Tk. 1,000/- for
 first copy and a fee of Tk 400/- for each more copy are to be paid through a Pay Order from Agrani Bank,
 Chittagong University Branch in favour of the Registrar, Chittagong University .In case of emergency an
 urgent fee of Tk 500/- is to be paid through Pay Order.

.....
 Signature of the Student & date

Cont.P/2

/Sadar/

20. TO BE FILLED IN BY THE APPLICANT AND BE VERIFIED BY THE OFFICE OF THE
CONTROLLER OF EXAMINATIONS, CHITTAGONG UNIVERSITY, CHITTAGONG.
TRANSCRIPT OF ACADEMIC RECORDS

No. of Papers/ Course No	Title of Papers/ Course	Full Marks	Marks Obtained CGPA/GPA earned
	Total		

Grading System:

First Class 60% & above Marks
Second Class 45% to below 60% Marks
Third Class 36% to below 45% Marks.

Enclosures:

Photocopies of Marks Sheet(s) & Certificate (s) issued to the Student duly
verified by the Controller of Examinations.

**DEPUTY CONTROLLER OF EXAMINATIONS/
DEPUTY REGISTRAR**
*Office of The Controller of Examinations
University of Chittagong
Chittagong, Bangladesh*

**19. TO BE FILLED IN BY THE APPLICANT AND BE VERIFIED BY THE OFFICE OF THE
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Recipient Address:

**DEPUTY CONTROLLER OF EXAMINATIONS
Office of The Controller of Examinations
University of Chittagong
Chittagong, Bangladesh**