



INSTITUTE OF PUBLIC HEALTH & HYGIENE

RZ-A-44 , Mahipalpur , New Delhi-110 037

ISO 9001 : 2000 Certified

FORM FOR REQUEST FOR ACADEMIC TRANSCRIPT

Completion of the address section of "About Yourself" will result in an automatic updating of your permanent address on the College file. Transcripts will be produced with your name as it is depicted on the College's file. This form can be faxed to: 011-26781080 or to: Student Records, IPH&H Community College, RZ-A-44, Mahipalpur ext., New Delhi-110 037. (India)

ABOUT YOURSELF

Student Number: _____ - _____ - _____
Legal Surname (Last Name): _____ Legal First Name: _____
Former Surname (If Applicable): _____ Middle Name: _____
Street Address: _____
City: _____ Postal Code: _____
Telephone: (____) _____ Business Telephone: (____) _____
E-mail: _____ Date of Birth: _____
Year Month Day
Name of program in which you were registered: _____ Program #: _____

TOTAL NUMBER OF TRANSCRIPTS REQUESTED: _____ X Rs. 550.00 = Rs. _____

NOTE: Transcripts will NOT be released until payment is received.

Transcript production normally requires 10 to 15 business days.

I WISH MY TRANSCRIPT(S): For pick- up in Sealed individually form.

REQUEST FOR IN-PERSON COLLECTION OF TRANSCRIPTS

I authorize Enrolment Services to hold my transcript(s). I will personally collect my transcripts from Enrolment Services from the IPH&H Campus. If I opt to have someone other than myself collect the transcripts, I will provide that person with a signed letter of authorization.

AUTHORIZATION TO MAIL TRANSCRIPT – All transcripts are sent by regular Indian Post service.

Use this section only if you wish to have your transcripts MAILED to other institutions or to you. Otherwise, check the "Request for In-Person Collection" section and collect your transcript in-person at Enrolment Services, IPH&H Campus. I authorize Enrolment Services, IPH&H, to mail a transcript of my permanent academic record to the following individuals or institutions (List a maximum of 4 addresses, and include your mailing address if copies are to be mailed to you).

1 Name: _____
2. Address: _____
3. _____

PLEASE SIGN HERE

By signing this application, I authorize the applicable charges to the above credit card and acknowledge that the information provided is accurate and complete.

SIGNATURE OF APPLICANT DATE

Date Stamp For Records use only