

Centre for Open and Distance Learning, University of Jaffna.

REQUEST FOR TRANSCRIPT

Registration No

UJ/EX/	
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Index No

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Full Name (In English)

Full Name (In Tamil)

	Rev
	Rev. Sr.
	Mr
	Mrs
	Miss

Address

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Telephone No

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Course Followed

BA General ()	BA Special ()	B. Com ()	BBM ()	Dance ()	Music ()
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I do hereby certify that the above submitted by me are true and correct.

Date :

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Signature