



VISVESVARAYA TECHNOLOGICAL UNIVERSITY

"Jnana Sangama", Belagavi- 590018

Application for the Extract Marks Cards issued by VTU

POINTS TO BE NOTED																
<ul style="list-style-type: none"> Pay online only by SBI Payment link http://vtu.ac.in/online-fee-payment and enclose Online Receipt of fees paid DDs are not accepted Fees paid once cannot be refunded. 			By Post	By Hand	Token No.											
Name of Student (In Capital letters)																
University Seat Number																
Old USN (if USN changed)																
Details of Fees Choose Category "F – Fees to be paid by student" – Examination		Choose one of the below options: <input type="checkbox"/> Extract Marks Cards Fees 250 per semester marks card 250/for each semester Marks card														
		Fees paid: _____		Date: _____												
		Payment ID: _____														
Marks card particulars:-																
<table border="1"> <thead> <tr> <th>Semester</th> </tr> </thead> <tbody> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </tbody> </table>						Semester										
Semester																
CHECKLIST																
<input type="checkbox"/> I declare that I have not a studied in an Autonomous college <input type="checkbox"/> Online receipt of fees paid																
Name: _____			Mobile: _____													
Date: _____			Candidate Signature: _____													
Applying by Post			Applying by Hand (In person at VTU Belagavi)													
Send the filled and signed application form and online receipt of fees paid to the following address: Registrar (Evaluation) Visvesvaraya Technological University Jnana Sangama Belagavi- 590018			Apply before 12:30 pm. Documents will be issued on the same day after 4:30 pm on all working days. Second Saturday of the month is a holiday, other Saturdays are full working days.													
For Office Use Only																
Case Worker: _____			Special Officer: _____													
Postal Address to which Extract Marks Cards are to be sent																
Name		USN: _____														
Address																
PIN		Mobile: _____														