

APPLICATION FOR CREDIT TRANSFER

Date:

Submitted to: Controller of Examinations

Name of the Student	:			
RRN	:			
Branch & Section	:			
Semester/Year	:			
Name of the Department	:			
Name of the School	:			
Portal on which course is taken	:	SWAYAM/_____		
Details of course approval by the department / school	:	(Attach a copy of Course Registration Form)		
Signature				
		Student	Class Advisor	NPTEL Dept. Coordinator
For office use:				
Remarks of Course Equivalence Committee		Pass / Fail Grade:_____ Credit:		
Recommendation of HoD/ School Dean	:			
Recommendation of NPTEL Institute Coordinator				
Recommendation of Dean, AA for credit transfer	:			

Approval of COE for Credit Transfer: **Approved/ Not approved**