



TRANSFER CERTIFICATE APPLICATION

Date: / /

To,
The Principal,
Smt. Sharadchandrika Suresh Patil College of Pharmacy
Chopda Dist. Jalgaon, Maharashtra

Subject: Application for Getting Transfer Certificate

Respected Sir,
I undersigned hereby declare that I was studying in this college as per my educational details as given below. I request to kindly issue my Transfer Certificate and oblige me.

Strike out whichever is not applicable

Full Name (Surname First)	
Mothers Name	
Last Year Seat No.	
Year of Passing/ Fail	April/May () & Nov./Dec () Year =>
Result	PASS/ FAIL
Transfer Certificate Required for	1. Further Studies. Please tick () 2. Migration Purpose Please tick () 3. Duplicate Please tick ()

EDUCATIONAL DETAILS

Course	Class	Academic Year	Roll No.	Result
DPH/BPH/ MPH	FY			
DPH/BPH/ MPH	SY			
BPH	TY			
BPH	Fourth			

I am in receipt of the TC No. _____ Date / / as per my request.

Place: Chopda

Date: / / Students Sign: _____

FOR OFFICE USE ONLY

General Register NO. =>					
TC Fees Paid Receipt No.=>				Date: / /	
Expected Date of TC Issue					

There are no dues lying to the students as per our records.

Librarian Laboratory I/c Accountant Alumni I/C Hostel Rector Registrar Principal

Note: Copy of the Marks Statement of first to last qualifying should be attached.