

Rs. 2/-

Date : / /

No :

To
The Asst. Registrar
Educational Departments
Administrative Centre
North Maharashtra University, Jalgaon.

FOR OFFICE USE ONLY

Ld. P. No. : _____

Sr. No. : _____

T.C. No. : _____

Ch. No. : _____

Sub. : Application for Transference Certificate.

Respected Sir,

I, the undersigned Mr. / Ms. / Mrs. _____
(Name as appeared in marks statement)

is the Students of North Maharashtra University, Jalgaon studying / passing / failing /
appearing in _____ Part - I / II / III / IV class under the Department /
School of _____ During the year 20 - 20 . Now, I
required a Transference Certificate for the purpose of _____

My detailed information is as under...

1. Local Address : _____
_____, Phone No. _____, Mb. No. _____
2. Caste & Sub. Caste : _____
3. Date of Birth : _____
4. Married OR Unmarried : _____
5. Native & Permanent Place of residence of the family : _____

6. Parent's OR Guardians full Name, Occupation & Address: _____

7. Name & Address of the former College : _____

8. Year of Passing (Degree) : _____
9. Date of Admission : _____
10. Date of Leaving : _____
11. Group of Subject : _____
12. Principal / Special Subject : _____

Therefore, I hereby request to you, kindly arrange to issue me a Transference Certificate.

Thanking you,

Yours faithfully

Director / H.O.D.

(Signature & Seal of the Department)

Signature of the Student

Encl :

1. No Dues Certificate (Current educational year - attested xerox copy)
2. Attested xerox copy of marks statement (Last course completed / appeared)
3. Previous (Former College) T.C. (attested xerox copy)