



University of Pune
Form of Application for Transference Certificate

Date :

From,

Name :

Address :

Phone No./Mobile No. :

To,

The Principal/Registrar, College,
.....

Sir,

I am to state that I am seeking admission to the Class of
the College/University and to request to send my Transference Certificate
to the Principal/Registrar to enable me to grant admission.

My particulars are as under :

(1) Name in full :

Surname	Name	Father's Name	Mother's Name
For married female Candidate :			
	Surname	Name	Husband's Name

(2) Sex : Male / Female

(3) Name of the class attended :
(Regular/External)

(4) Subject :

(5) Year of passing the examination with Seat No. :
(Passed / Failed / Appeared)

(6) I am enclosing herewith a true copy of the Statement of Marks.

(7) I was studying in the M.A./M.Sc./LL.M./M.Lib./M.Ed. in the Dept. of
during the academic year

Your's faithfully,

Head,
..... Department

.....
(Signature of the Applicant)

I. Note : Transference Certificate will be issued within fifteen days from the date of the receipt of the application form.