

PUNE DISTRICT EDUCATION ASSOCIATION'S
SETH GOVIND RAGHUNATH SABLE COLLEGE OF PHARMACY, SASWAD

Date:- / / 20

LEAVING CERTIFICATE APPLICATION FORM

To.
The Principal.
S.G.R.S.College of Pharmacy.
Saswad, Tal Purandhar, Dist. Pune 412301.

Subject:- Leaving Certificate.

Sir.

I was a student of this college for the period from the year -----To-----

I have passed/failed (D. Pharm) during the year -----To-----

My details are as follows.

Name:-----

Address:-----

Class:-----Year-----

PRN NO:-----Exam Seat No-----

Year of passing (April-May/Oct. Nov.):-----

Justification for L.C. demand:-----

I request you to please issue me a " Leaving Certificate" at the earliest after examining the certification form college department.

Yours Faithfully

(Name & sign. of student)