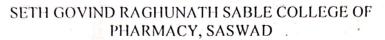


PUNE DISTRICT EDUCATION ASSOCIATION'S





Sr. No.

Date

T.C.APPLICATION FORM

To,		• • • • • • • • • • • • • • • • • • • •
The Principal.	1997 . 188	
S.G.R.S.College of Pharmacy,		
Saswad, Tal. Purandhar, Dist. Pune. 412301.		7
Subject :- Transfer Certificate .		
		il de
Sir,		
I was a student of this college for the period from the year	To	
1 have passed /failed (B.Pharm./M.Pharm.) during the year	То	
My details are as follows.		
Name :		
Address :- :		
그 그는 사람들이 되었다면서 가장 하는 것이 하는 것이 되었다.		
Class:		
PRN NO :-: Exam.Seat.No.		
Year of passing (April-May / Oct.Nov.) :-:		
Justfication for T.C.demand :-:	_Birth Date	
I request you to please issue me a "Transfer Certificat examining the certification form college department.	e " at the earliest	after
Yours Faithfully		
(Name & sign, of student)		

CLEARANCE CERTIFICATE: 20 -20

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8	TPC			
13. 14.				
9	Mentor Mentee Format			
10	Submission of Lab Manuals/Journals			
			Remarks	· · · · · · · · · · · · · · · · · · ·
Detai	ls of T. C. Issued:		Kemarks	
T,C.1	NO.: Date.:-			

Signature of Principal: