



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



Sr.No.

Date

T.C.APPLICATION FORM

To,

The Principal ,

S.G.R.S.College of Pharmacy ,

Saswad,Tal.Purandhar, Dist.Pune.412301.

Subject :- Transfer Certificate .

Sir,

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

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

My details are as follows .

Name : _____

Address :- : _____

Class :- : _____

PRN NO :- : _____ Exam.Seat.No. :- : _____

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

Justification for T.C.demand :- : _____ Birth Date _____

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

Yours Faithfully

(Name & sign, of student)

CLEARANCE CERTIFICATE: 20 -20

Sr. No.	Name of Department	Name of Authority and Stamp of Authority	Signature of Authority & Date	Remark of Authority
1	Laboratory			
2	Library			
3	Stores Sports			
4	Hostel			
5	Hostel Mess			
6	Administrative Office			
7	PCI registration form			
8	TPC			
9	Mentor Mentee Format			
10	Submission of Lab Manuals/Journals			

Details of T. C. Issued :

Remarks:

T.C.NO. :-----

Date.:-----

Signature of Principal :