



**PUNE VIDHYARTI GRIHA'S
SHIRAM SADASHIV DHAMANKAR COLLEGE OF
COMMERCE, SCIENCE & ARTS.
MHASRUL, NASHIK - 04
PHONE NO - 0253-2530117**

APPLICATION FOR LEAVING / TRANSFERENCE CERTIFICATE

Class _____ No _____ Roll No _____

Full Name of the Student _____
(Beginning with Surname)

To,
The Principal,
PVG's S.S.Dhamankar
College of Commerce, Science & Arts.
Mhasrul, Nashik - 04

Sir,

I herewith apply for T.C / L.C. as I want to take admission in _____
(Name of the College)

_____ in class _____

Information in Details -

- 1) Last year I was studying in class _____
- 2) Academic Year _____
- 3) Examination passed / Failed _____
- 4) Examination Seat No _____
- 5) Address for Correspondence _____
_____ Mobile No _____

Yours faithfully

Principal's Remark & Signature

(Student's Name & Signature)