

Date: / /201

To,

The Principal,
Indira College of Pharmacy,
Tathwade, Pune.

Subject: Request for Transfer Certificate/ Leaving Certificate.

Respected Madam,

I Mr. /Ms. _____ student of _____ year B. Pharm /M. Pharm. in our college. As I have passed/ failed the April/ October, 201__ examination, I require the Transfer/Leaving Certificate from the college for _____ purpose.

So, I request you to kindly consider this application and issue me the Transfer/Leaving Certificate.

Thanking You

Yours Faithfully,

(Mr./ Ms. _____)



Shree Chanakya Education Society's
Indira College of Pharmacy,
Redefining Pharma Education
Tathwade, Pune -411 033.

NO DUES FORM

Date: _____

Name of the student: _____

Class : _____

Batch : _____

<i>Sr. No.</i>	<i>Department</i>	<i>Sign</i>
1.	Library	
2.	Accounts Section	
3.	Exam Section	
4.	Hostel (if applicable)	
5.	Administration	
6.	Computer Section	
7.	Stores Section	
8.	Alumni Cell	

Sign of Student

Principal