

SHIVAJI UNIVERSITY, KOLHAPUR
APPLICATION FOR TRANSFERENCE CERTIFICATE
(For External Student Only)

To,
The Controller of Examinations,
Shivaji University, Kolhapur.-416004

1 Name in full - (Surname)

(First Name)

(Father's/ Husband Name)

2 Sex (M-Male, F- Female) 3. (PRN Number)

4 Permenant address.

LAST EXAMINATION DETAILS :

5 Name of last Exam. _____ Course Code :-

6 Month & year of last Exam. MM YYYY

7 Examination Seat Number Result _____

8 Extrnal Registration No. and Date

(DD) (MM) (YYYY)

Yours faithfully

Place :-

Date :- (Signature of the applicant)

9 Admission seeking in college _____

10 Admission seeking for course _____

11 Send T.C. to the college _____

12 Through the Principal T.C.Fee Rs.50/- has been remitted by Cash / Demand Draft No. DD No.

(DD) (MM) (YYYY)

Ref:-

Date:- Signature of the Principal
(Stamp)

Note :- Strike out whichever in not applicable.
Incomplete application will not be entertained.
Transference Certificate will be sent directly to the concerned college and not to the student in any case.

