

To,
The Principal
J.E.S. Institute of Pharmacy,
JALNA – 431 203.

Date:

SUBJECT: Application for the Transfer Certificate.

Sir,
Kindly issue me the transfer certificate, I am submitting herewith all the necessary details.

01) Full Name :-----

02) Year of admission

a) To D. Pharm 1st year :-----

b) To D. Pharm 2nd year :-----

03) Enrollment Number :-----

04) Year of Passing Diploma :-----

in Pharmacy Second Year

with exam seat number :-----

05) T.C.fees Rs. 20/- Paid Receipt No. ----- dated -----

Yours faithfully,

(-----)

Students Signature

FOR OFFICE USE ONLY

01) Fees :-----

Name :-----

02) Library :-----

Name :-----

03) Stores :-----

Name :-----

04) Institute Transfer Certificate may
be issued :-----

(Principal)

Enclo. 1) Xerox copy of marks memo of
D.Pharmacy First year & Second year.

Date:

To,
The Principal
J.E.S. Institute of Pharmacy,
JALNA.

SUBJECT: Application for the Cancellation of admission & return of the original documents.

Sir,

Full Name of Candidate:-----

Year of Admission 1) D.Pharm First Year :-----

2) D.Pharm Second Year :-----

Reason for cancellation of admission

1) -----

Undertaking:

I am fully aware that after cancellation, I forfeit my claim on admission, I request you to kindly return my original documents.

Full address of the candidate with phone No.

Signature of the Candidate

Received the following original documents.

1) -----

2) -----

3) -----

4) -----

5) -----

6) -----

7) -----

Total Number of documents:

Signature of the Candidate