

SAVITRIBAI PHULE PUNE UNIVERSITY

School of Open and Distance Learning <u>Application for Transference Certificate</u>

		Date:/_/
To Director		
Director,	Coorning	
School of Open & Distance l Savitribai Phule Pune Univer		
Pune- 411007.	isity,	
1 une- 41100/.		
Subject:-Application	n for Transference Certificate	
(in CAPITAL letters)		
Mother's Name:	Date of Bir	th://
Present Address with PIN co	ode:	
Mobile Number:	E-mail:	
	Academic Details	
Registration (PRN) No	Course:	
Last Examination: June / December 20 Seat Number:		oer:
Result: Pass /	Fail / Fail A.T.K.T.	
Reason for T.C.: Course	e completed / Cancellation of Adm	ission
		ident's Admission Profile)
	. Certificate or equivalent	
Note:-Transference Certificat	te Fee is Rs.200/-	Student's Signatur
	For office use only	
Application Received:		
Application Received.	Sign	Date
Data wasified 0 1-4. 1		
Data verified & updated:	Sign	Date