

NEVILLE WADIA INSTITUTE OF MANAGEMENT STUDIES &
RESEARCH, PUNE 411001

APPLICATION FORM FOR TRANSFERENCE CERTIFICATE

To,
The Director,
NWIMSR
Pune - 411001

T. C. No. _____
Date: ___ / ___ /20___
Previous Course _____
T.C. No _____

Sir,

I the under signed request you to issue me the Transference Certificate.

Name of the Student : Mr/Ms. _____
(Surname) (Name) (Father's Name)

Class & Academic Year: _____
Last attended (Class) (Roll No) (Year)

Examination : _____ Passed / Failed

Seat No _____ Per. Reg. No. _____ Year _____

Date of Birth: ___ / ___ / _____

(Signature of Student)

Encl: Documents attached

1. Attach Xerox copy of Fees Receipts.
2. Attach Xerox copy of L.C. or SSC Board Passing Certificate.
3. Attach Xerox copy of last Mark Sheet.
4. Mobile No _____

Library Book – Dues / No Dues

(Obtain Signature from Library)

Fees Dues / No Dues

(Obtain Signature from Account office)

Pay T.C Fee Rs. _____ G. R. No. Date _____

DIRECTOR