

The Shirpur Education Society's
R. C. PATEL COLLEGE OF PHARMACY

APPLICATION FOR TRANSFER CERTIFICATE

To,
The Principal
R. C. Patel College of Pharmacy
Shirpur (Dhule) 425 405

Subject: For issuing Transfer Certificate (T.C.)

Respected Sir

I need T.C. for further education, as I have completed B. Pharm/ M. Pharm from this college. My personal details are as follows:-

1. Name : _____
2. Birth date : _____
3. Place of Birth : _____
4. Cast with religion : _____
5. Last college attended : _____
6. Date of admission in this college : _____
7. Duration of gap during course : Yes / No
If Yes: From _____ to _____
8. Last Exam Appeared
(With Subject for PG) : _____
9. Exam Seat No. : _____
10. Year of Passing : _____

Thanking You.

Date:

Signature: