

# BHARATI VIDYAPEETH UNIVERSITY, PUNE

SCHOOL OF DISTANCE EDUCATION

L.B.S. Marg. Pune 411030.

(Form of application for Transference Certificate)

Name : \_\_\_\_\_

Add : \_\_\_\_\_

Date : \_\_\_\_\_

To,  
The Director,  
Bharati Vidyapeeth University  
School of Distance Education  
Pune - 411030

Subject: ISSUE OF TRANSFETENDE CERTIFICATE

Sir,

I have passed / failed / appeared examination held in \_\_\_\_\_ and now I would like to have my T.C. in my hand / University.

Kindly do the needful and oblige.

Yours faithfully,

Student signature

Name : \_\_\_\_\_

Academic year : \_\_\_\_\_

Course / Semester : \_\_\_\_\_

Centre : \_\_\_\_\_

Office dues : \_\_\_\_\_

Library dues : \_\_\_\_\_

Seat No. of final examination : \_\_\_\_\_

Year of passing / failed Apr-May / Oct-Nov : \_\_\_\_\_

(True copy of Mark Statement must be attached)

Date of birth : \_\_\_\_\_ / Not recorded.

Specialization : \_\_\_\_\_ Grade: \_\_\_\_\_

## PREVIOUS PARTICULARS

Last University: \_\_\_\_\_

Last University Exam: \_\_\_\_\_ Year: \_\_\_\_\_

## FOR OFFICE USE ONLY

Issued TC. No: \_\_\_\_\_ T.C. Fee receipt no : \_\_\_\_\_

Issued Date : \_\_\_\_\_ Sign of office clerk : \_\_\_\_\_

Remark of Director : \_\_\_\_\_