

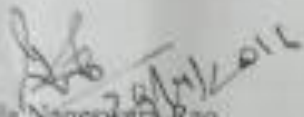
N.R.Chandrasekharan,
Srisadan,
No.3/11
SBI Officers colony
2nd street, Arumbakkam
Chennai-106

29-4-2016

Ref: Receipt No:2842

Sub: SSM-MBA - Issue of Provisional Admission order

Congratulations! Based on your Academic performance, and interview, you are informed that you have been provisionally admitted to MBA course in Saveetha School of Management, Chennai- 77 for the academic year 2016-2017, subject to approval by the appropriate authorities. The candidate is also informed to remit an initial payment of Rs. 30000/- by means of Chalan in favour of "Saveetha Institute of Medical and Technical Sciences" payable at Chennai and enroll for the course within a week from the date of receipt of this Provisional Admission Letter. You are also informed to submit the original certificates and the balance payment* at the time of joining the programme.


Dr. Ch. Bala Nageswara Rao,
MBA, BL, M.Phil, Ph.D.
Director - SSM

***Fee Structure:**

At the time of joining the programme:

Admission fee	Rs.5,000
University Registration fee	Rs.3,500
Caution Deposit	Rs.5,000 *
University fees	Rs.1500
Uniform	Rs.5000
Total	Rs.20000

(Refundable at the end of the course)

Annual Fee: Rs.1,00,000 (Balance fees to be paid at the time of submitting original certificates)

Copy to: Director of Admissions, SU, Finance Officer



Karnataka Sangha's

MANJUNATHA COLLEGE OF ARTS & COMMERCE

Dr. R. P. Road, Gopal Nagar, Dombivli (E) 421 201.

N.B. : This Application for Transference Certificate must be submitted at the admission counter along with the payment of TC Fee of Rs. 100/- in cash separately by only those students who seek admission to, Manjunath College of Arts & Commerce, Dombivli (E) 421 201, on the basis of N.O.C. obtained from the college last attended by them. A separate receipt will be issued for this fee of Rs. 100/-

APPLICATION FOR TRANSFERENCE CERTIFICATE

From :
Shri/Smt.Kum. MAHAJAN GANRANG SHRI PAD SHRADDHA
(Surname) (Name) (Father's/Husband's Name) (Mother's/Maidan Name)

Residential Address of the Student : 10, BHAGIRATHI APT. BLDG.
No. 3A, 2ND FLOOR, GHANSHYAM GUPTA ROAD
BADAM GALLI, DOMBIVLI (W) Tel. No. 8879334495.

To,
Principal,

The S.I.A. College OF Higher Education
P-88, MIDC Residential Zone, Dombivli Gymkhana
Road, Sagasli, Dombivli (E) - 421203

Sir/Madam,

I am to state that I am seeking admission to the M.Com class in Manjunath College of Arts & Commerce, Dombivli (E) 421 201. I am to request you to send my Transference Certificate to the Principal of the said College.

I attended the TYB.Com Class (Div. Roll No. CF15053) during the First/Second Term/s of the academic year 2017-18 at your College and passed/~~failed~~ at the examination held by the University/College in April/~~October~~, of 2018
(Examination Seat No. 3108939)

Yours Obediently,

G.S. Mahajan
(Student's Signature)

* Write the correct full name and address of the College last attended by you.

No. MCAC/

of 19

Date : 12/07/18

Forwarded with compliments to the Principal S.I.A. College for favour of an early compliance. The applicant's date of birth and the class to which the student was admitted at your College along with his enrolment number may also kindly be supplied in the above form.



Accepted



NMITD
Estd. 2008

Deccan Education Society's
NAVINCHANDRA MEHTA INSTITUTE OF TECHNOLOGY AND DEVELOPMENT

DES's Mumbai Campus, Kirti College Road, Off-Veer Savarkar Road, Dadar(w), Mumbai - 400 028

Tel No: 022- 64218793, Telefax: 022-24325700, Website: www.nmitd.net.in,

Email: director@nmitd.net.in , supurohit@gmail.com

[Approved by AICTE & DTE, Affiliated to University of Mumbai]

INSTITUTE CODE :MCA-317324110 & MMS-317310210

Application for Transfer Certificate from the last attended College / University Department

Date : / /

From:

Shri/Smt./Kum. MADRYA NISHA SHIVSHANKAR SHEELA
(In Block letters) (Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)

Residential address of the student: OPP BLOCK 438, SUBASH TEKDI,
ULHASHNAGAR-4, Pin Code: 421004. Tel. No. 9145796126

To,

The Principal,
THE SIA COLLEGE
OF HIGHER EDUCATION,
DOMBIVALI (E)

Sir/Madam,

I beg to state that I have taken provisional admission to the MCA Class in the NMITD, College, I request that you will be good enough to send my Transfer Certificate directly to the address: "Director, Navinchandra Mehta Institute of Technology & Development, DES's Mumbai Campus, Kirti College Road, Off-Veer Savarkar Road, Dadar(w), Mumbai - 400 028." of this College.

I attended BSCIT class (Div. A Roll No IF1502) during the First/Second Terms/s of the academic year 2015-2018 at your College and passed/failed/Detained at the examination held by the University/College in April/October _____ Examination. (University-Exam. Seat No. 2068746)

My date of Birth is 04-10-1996

I am enclosing the attested Xerox copy of the mark-sheet of the above mentioned examination.

Thanking you.

Verified by,

Shumals

(Signature of the Adm./Clerk)



Yours Obediently,

Anisha

(Student's Signature)

Date :

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santaacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : College Code : 279
Shri / Smt. / Kum. : GOSAR RIDDHI JAYANT PRAGNA
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: 1/17 DATTA PRAKASH BUILDING AYARE ROAD DOMBIVALI (EAST), 0, Kalyan, Thane, THANE, Maharashtra
Pincode: 421201 Contact no. 9768278944

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): THE SIA COLLEGE OF HIGHER EDUCATION ,
NA

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com-M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **BCOM** Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **July 2018** Examination (Seat No. 3108887)

My Date of Birth is 27/02/1997

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate** directly to the **Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santaacruz (East), Mumbai – 400 098** at the earliest.

Thanking You,

Verified by

Yours obediently

Date:

H. K. S. D. S.
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098



Riddhi
(Student's
Signature)

Note : This application form, duly filled in by the concerned student and endorsed by the Principal of this college, MUST be submitted to the Principal of the last college attended by the concerned student along with the T.C. fees.

S.I.E.S. COLLEGE OF MANAGEMENT STUDIES
Sri Chandrasekarendra Saraswathy Vidyapuram
Plot 1-E, Sector V, Nerul, Navi Mumbai - 400 706

APPLICATION FORM FOR TRANSFERENCE CERTIFICATE

From

Krishnan Ramaswami

f-101, Above Hastri Hal / Full name & present address of the student

Vithal Mandir Road Dom (E)

To

The Principal,

SIA College of Higher Education Dom (E)

Sagarli Dom (E) 421201 (Name & full address of the college last attended)

Sir,

I am seeking admission to the S.I.E.S. College of Management Studies, Sri Chandrasekarendra Saraswathy Vidyapuram, Plot 1-E, Sector V, Nerul, Navi Mumbai - 400 706, in the MMS / MCA class and request you to be kind enough to send my Transference Certificate to the Principal of this college. My latest academic record in your college is as under :

1. Full Name : Krishnan Ramaswami
2. Class : Ty Div : BSCIT Roll No. IF15035
Academic year : 2017-18
3. Last Examination for which application was submitted: BSCIT Ty
4. Month and year of the Exam : Apr 18
5. Seat number of the Exam : 2068680
6. Result at the Exam : 6.50 / 7 CGPA A Grade.
7. Subjects offered at the Exam : PM, IT, DV, GIS

Date : 31/7/18

Yours Obediently,

Kunil

(Signature of the Student)

S.I.E.S. College of Management Studies,
Nerul, Navi Mumbai - 400 706.

Date : _____

Forwarded with compliments to the principal, SIA college, for favour of compliance . In case of degree college students, kindly mention university's letter number and date under which the student's enrolment/eligibility was confirmed.

Date _____



R. C. I.
REGISTRAR/PRINCIPAL
S.I.E.S. COLLEGE OF MANAGEMENT STUDIES
Plot 1-E, Sector 5, Nerul, Navi Mumbai

Book
Bel

PARLE TILAK VIDYALAYA ASSOCIATION'S

100x1x10-2011

MULUND COLLEGE OF COMMERCE

Sarojini Naidu Road, Mulund (West), Mumbai - 400 080.

SELF - FINANCING COURSES

Date 04-08-2018

From { Student's full Name } Tilla Vaibhavi Nandkumar
{ Beginning with Surname }

To,

The Principal,

Mulund College of
Commerce

Sir,

I am seeking admission to the Mcom-B&F Class in the Mulund College of Commerce and request you to send my Transference Certificate to the Principal of this College.

I attended the Bcom Class Roll No. CE15118 in your College during the First & Second terms of the year 2017 -2018 and passed / failed at Bcom examination of Oct. / March 2018 University Exam No. _____

Your's faithfully,

Vaibhavi
(Signature of the student)

Forwarded with compliments to the Principal. S.I.A.

College for favour of compliance.

Date 4/8/2018

S.I.A. college
Dorabivli (East)
Principal
Mulund College of Commerce
Mulund, Mumbai - 400 080.
Mulund (W), Mumbai - 400 080.



Vidya Prasarak Mandal's
**K. G. Joshi College of Arts &
 N. G. Bedekar College of Commerce, Thane.**
 Chendani - Bunder Road, Thane - 400 601.
 (Re-accredited 'A' Grade by NAAC)
 Best College Award (University of Mumbai)
 Community College (University of Mumbai)

FORM OF APPLICATION FOR TRANSFERENCE CERTIFICATE
 (Incomplete form will be rejected)

Date: 10/8/2018

Name in full: SHETYE DHANASHREE MOHAN.
 (Beginning with surname)

To,
 The Principal / Registrar,

Sir,
 I write to say that I am seeking admission the seeking admission for Mcom class of
 the N. G. Bedekar College of Commerce. University and there I request
 (Name of the College)
 you to send my Transference Certificate to The Principal / Registrar _____

PARTICULARS:

1. Name of the Class attended : _____
2. Academic year : 2018-19.
3. Examination Passed / Failed : _____
4. Year of Examination : _____
5. Seat No. : _____
6. Subject Offered : _____
7. Birth date : _____

Div. _____ Roll No. _____
 April / October 2017-18.

Yours faithfully,

Dhanu
 (Signature of the Applicant)

Residential Address:

A/05 Urvashi CHS,
Kopar Road, Telkas wadi,
Dembivli (west).
 Contact No. 9594171885.

Date: 10/8/18

Ref. No. ACC/TNE/UC

Forward with compliments to the Principal / Registrar with a request to send his / her
 Certificate at earliest.

UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From :

Shri / Smt. /Kum. .

RANE

(Surname)

HARSHALI

(Own Name)

ATMARAM

(Father's/Husband's Name)

ANKITA

(Mother's Name)

Residential address of
the student:

B/404, LODHA HERITAGE, CHANDRESH SHEHNAI BHOPAR ROAD DESALEPADA DOMBIVLI (EAST), 0,

Kalyan, Thane, THANE, Maharashtra

Pincode: 421204 Contact no. 8454987854

College Code: 279

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): THE S.L.A COLLEGE OF HIGHER EDUCATION ,

NA

Sir / Madam,

I am to state that I have taken provisional admission to the M.Com-M.Com I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the BACHELOR OF MANAGEMENT STUDIES Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in July 2018 Examination (Seat No. 3211023)

My Date of Birth is 04/04/1998

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:

A. K. S. S.
I/C DIRECTOR
(INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL))
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098



Apne

(Student's
Signature)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : College Code : 279
Shri / Smt. /Kum. : **MORE** **AKSHATA** **ANANT** **ASMITA**
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: **B/404,Shubh vastu society Deen Dayal Road Vishnu Nagar , 0 , Thane, Dombivli, Maharashtra**
Pincode: **421202** Contact no. **8879606407**

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): **SOUTH INDIAN COLLEGE ,**
NA

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com-M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **B.Com** Class (Roll No. **NA**) during the First/Second Terms of the Academic year **NA** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **April 2018** Examination (Seat No. **3108955**)

My Date of Birth is 17/12/1997

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.**

Thanking You,

Verified by

Yours obediently

Date:

Shankar
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (DOOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



(Student's
Signature)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : College Code : 279
Shri / Smt. /Kum. . SABNIS SIMRAN GANPAT ALKA
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the A/39, NIRANJAN SOCIETY MAHATMA GANDHI ROAD VISHNUNAGAR , 0 , Thane, DOMBIVLI,
student: Maharashtra
Pincode: 421202 Contact no. 9920353321

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): THE SIA COLLEGE OF HIGHER EDUCATION ,
NA

Sir / Madam,

I am to state that I have taken provisional admission to the M.Com-M.Com I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the BCOM Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in July 2018 Examination (Seat No. 3108682)

My Date of Birth is 29/04/1997

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date: 20/08/2018

Shrawan
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



Shrawan
(Student's
Signature)

2018

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : Shri / Smt. /Kum. . NADAR SUBHA SHANMUGAVEL SHANMUGAKANI
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: B/35 , 3rd floorsudham mhatre bldg above aishwarya hotel kopar rd shastri nagar Dombivli (W) , 0, Kalyan,
Thane, Dombivli, Maharashtra
Pincode: 421202 Contact no. 9892568487

College Code : 279

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): THE SIA COLLEGE OF HIGHER EDUCATION ,
NA

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com-M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **BCOM** Class (Roll No. **NA**) during the First/Second Terms of the Academic year **NA** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **July 2018** Examination (Seat No. **3108587**)

My Date of Birth is 20/08/1997

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate** directly to the **Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098** at the earliest.

Thanking You,

Verified by

Yours obediently

Date:

H. S. D. S.
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



S. S. S.
(Student's
Signature)



THE KELKAR EDUCATION TRUST'S
Vinayak Ganesh Vaze College
of Arts, Science & Commerce
MITHAGAR ROAD, MULUND (EAST), MUMBAI 400081.

Date 20/07/2018.

FROM,

Student's Full Name

Beginning with Surname Chaudhary Kunal Bhagwan.

To,

The Principal

The STA college of Higher Education,
Gymkhana Road, Sagarli,
MIDC Phase 2 - 421203

Sir,

I attended the BSC-IT Class Roll No. IF15003. in your College during the First and Second Terms of the year 20 17 - 20 18 and passed / failed / ATKT at Mumbai University. examination of Oct. / March 2018 My University Exam No. was 2068703.

I am seeking admission to the MSC-IT Part I Class in the Kelkar Education Trust's V. G. VAZE College of Arts, Science and Commerce, Mulund East and request you to send my Transference Certificate to the Principal of this College and also inform enrolment / eligibility confirmation letter No. and date.

Please issue online TC.

Yours faithfully,

Chaudhary
(Signature of the Student)

Forwarded with compliments to the Principal, _____

College _____ for favour of compliance.

Date 20/07/2018



Mitharva
PRINCIPAL



Shri Yashwantrao Chavan Shikshan Prasarak Mandal's

Sinhgad Institute of Business Management

(Affiliated to University of Mumbai & Approved by Govt. of Maharashtra)
Plot No. 126, MHADA Colony, Chandivali, Mumbai - 400072
Tel.: 022 28472090 Fax: 022 28582090

Application for Transference Certificate

To

The Principal,

SIA College of
Higher Education

Sir/Madam,

This is to inform that I am seeking admission to Sinhgad Institute of Business Management in ~~MMS/AMM/AFM~~ Course and request you to send my Transference Certificate to the Director of the said Institute.

I attended the BBI class of your College during 2015-2017 My Roll no. Was BF15063. I passed _____ Examination in _____

Examination Seat No: _____

Thanking You,

Yours Faithfully,

(Signature)

Student's

fullname: Bane Sarvesh Subodh

(Surname First name last name)

Forwarded With compliments to the Director : _____

_____ for favors of
compliance.

REGISTRAR
SYCSPM'S

SINHGAD INSTITUTE OF BUSINESS MANAGEMENT
Plot No. 126, Mhada Colony,
Chandivali, Mumbai - 400 072

SIES COLLEGE OF COMMERCE & ECONOMICS

NAAC Re-accredited "A" Grade, ISO 9001:2008 Certified
SION (EAST), MUMBAI - 400 022.

APPLICATION FORM FOR TRANSFERENCE CERTIFICATE

From,

POORNIMA.R.ACHARYA
18, NEW HARNE BUILDING
KARVEROAD, VISHNU
NAGAR, DOMBIVLI (W)

Full Name & Address of the student

To,

The Principal,

S.I.A COLLEGE
DOMBIVLI - (EAST)

Name & Full address of the college last attended

Sir,

I am seeking admission to the SIES College of Commerce & Economics in the M.COM (BAF) class and request you to be kind enough to send my Transference Certificate to the Principal of this college. My latest academic record in your college is as under :

1. Full name : POORNIMA.ACHARYA
2. Class B.COM Div. (BANKING & INSURANCE) Academic year 2017
3. Last Examination for which application was submitted: TYB.COM (BANKING & INSURANCE)
4. Month & Year of the Exam : 2017 SEPTEMBER.
5. Seat number of the Exam : 6329406
6. Result at the Exam : PASS.
7. Subjects offered at the Exam : MARKETING, FSM, IBF, FRA AUDITING

Date : 28/8/2018

pracharya
(Signature of the student)

Forwarded with compliments to the Principal, S.I.A. College
college for favour of compliance. Kindly mention University's letter number and date under which
the student's enrolment / eligibility was confirmed.

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santaacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

*Submit In.
T.Y. College*

From :

Shri / Smt. / Kum. .

SHAH

KHUSHBOO

RATISH

KALPANA

College Code : 279

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of
the student:

**A/203, SECOND FLOOR, SHREE VISAWA CHS MANPADA ROAD, PANDURANG WADI 1ST LANE DOMBIVLI
EAST, 0, Kalyan, Thane, DOMBIVLI, Maharashtra**

Pincode: **421201**

Contact no. **8652287312**

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): **THE SIA COLLEGE OF HIGHER EDUCATION ,
NA**

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com-M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **BACHELOR OF COMMERCE** Class (Roll No. **NA**) during the First/Second Terms of the Academic year **NA** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **July 2018** Examination (Seat No. **3108709**)

My Date of Birth is 29/04/1997

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate** directly to the **Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santaacruz (East), Mumbai – 400 098** at the earliest.

Thanking You,

Verified by

Yours obediently

Date:

for
J/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (DOOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E) MUMBAI-400 098



Shah

(Student's
Signature)

BIRLA COLLEGE OF ARTS, SCIENCE & COMMERCE

APPLICATION FORM FOR TRANSFERENCE CERTIFICATE

(Incomplete form will be rejected)

Date : 1-09-18

Name of Student in full Vaste Prachi Prakash
(Surname) (Name) (Father's Name)

To,

The Principal/Head Master,

Dr. Padmaja Arun

I write to say that I am seeking admission to the MSc.CS Class of the BIRLA COLLEGE, Kalyan and therefore I request you to send my Transference Certificate to the Principal, BIRLA COLLEGE, Kalyan.

My particulars of last class attended in your School/College are as below :

- 1) Last class attended : BSC.IT Roll No. IF14049 Div. _____
- 2) Academic Year : 2017
- 3) Date of Birth : 27-08-1996
- 4) Examination passed : Passed / Failed / ATKT
- 5) Seat No. : 4027958
- 6) Subject Offered : _____

Yours Faithfully,

Prachi
Signature of applicant

FWC to the Principal

FORM OF APPLICATION
FOR
TRANSFERENCE CERTIFICATE

Date: 30/7/18

Name in Full: NEVASE AKASH RAMESH
(Beginning with Surname)

To,
The Principal / Registrar,

STIA college Near
Dombivli Gymkhana
Sagarli Dombivli (East)

Rs. 120
pendig
25/08/18

Sir,

I write to say that I am seeking admission to the MSC.TI (First Year) Class of the Mumbai University
& therefore I request you to send my Transference Certificate to the Principal / Registrar Model College, Dombivli (E);

PARTICULARS

- 1) Name of the Class Attended : T.Y. BSC.(IT)
- 2) Academic Year : 27 JAN 2017
- 3) Examination Passed / Failed / ATKT : Passed
- 4) Year of Examination : October 2016
- 5) Seat No. : 1052151
- 6) Subjects Offered : 5th Sem - Network security, Asp.net with C#, Software testing, Adv. JAVA, LINUX,
sem-6 - Internet technologies, Project management, Dataware housing, Geographic Info. system
Project report viva voce

Your's faithfully

A.R. nevas

(SIGNATURE OF THE APPLICANT)

Forwarded with compliment of the Principal / Registrar, with a request to send his/her Transference Certificate at the earliest.



In-charge Principal
Model College
Dombivli (E)
(1)

Karnataka Sangha's

MANJUNATHA COLLEGE OF ARTS & COMMERCE

Dr. R. P. Road, Gopal Nagar, Dombivli (E) 421 201.

N.B. : This Application for Transference Certificate must be submitted at the admission counter along with the payment of TC Fee of Rs. 100/- in cash separately by only those students who seek admission to, Manjunath College of Arts & Commerce, Dombivli (E) 421 201, on the basis of N.O.C. obtained from the college last attended by them. A separate receipt will be issued for this fee of Rs. 100/-

APPLICATION FOR TRANSFERENCE CERTIFICATE

From :
Shri/Smt.Kum. SHINDE SHARVAREE UJWAL TANVI
(Surname) (Name) (Father's/Husband's Name) (Mother's/Maidan Name)

Residential Address of the Student : 201, Harsh apt Karve Road near
Brokel Bungalow Dom (w)

Tel. No. 7715869537

To,
The Principal,

The S. I. A college of Higher education.

Sir/Madam,

I am to state that I am seeking admission to the M. Com in Accounting Finance class in Manjunath College of Arts & Commerce, Dombivli (E) 421 201. I am to request you to send my Transference Certificate to the Principal of the said College

I attended the Banking & Insurance class (Div. A Roll No. BP/14050) during First/Second Term/s of the academic year 2016-17 at your College and passed/ failed at the examination held by the University/College in April/October, of 19 (Examination Seat No. 6329632)

Yours Obediently,

Shinde

(Student's Signature)

* Write the correct full name and address of the College last attended by you.

No. MCAC/321/138 of 18

Date : 20/02/2018

Forwarded with compliments to the Principal The S.I.A. College of Higher education for favour of an early compliance. The applicant's date of birth and the class to which the student was admitted at your College along with his enrolment number may also kindly be supplied in the above form.



Shinde



**VIVEKANAND EDUCATION SOCIETY'S
INSTITUTE OF TECHNOLOGY**

Hashu Advani Memorial Complex, Collector's Colony, Chembur, Mumbai - 400074.

TRANSFER CERTIFICATE

FROM:
Agrawal Yamini Amol

Date: 2018-08-20 16:34:28

Address: _____

To,
The Principal,
SIA COLLEGE OF HIGHER EDUCATION,
DOMBIVLI (EAST)

Sir /Madam,

I am seeking admission to the MASTERS OF COMPUTER APPLICATIONS class in VESIT and request that you will be good enough to send my transfer / transference certificate to the principal of the college.

I attended the BSC. INFORMATION TECHNOLOGY course in your college from 2014 to 2017 and passed at the examination of _____ in the year 2017.

My class roll No. was I 14002 and my University Seat No. was 4027821.

Yours obediently,

Yamini Agrawal
(Agrawal Yamini Amol)

Forwarded with compliments to the Principal _____ college, for the favor of compliance

Asma P...
Principal
ADMISSION INCHARGE
V.E.S. Institute of Technology

PRN Nos- 2014016401047907

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From: College Code : 279
Shri / Smt. / Kam. GAWADE VAIDHAVI VIJAY VINITA
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: Room no. 104, First floor, Tukaram Palace Building Naik wadi Old dombivali Gaon, Dombivali west, 0, Kalyan,
Thane, Dombivali, Maharashtra
Pincode: 421202 Contact no. 9819549217

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): ITM SIA COLLEGE OF HIGHER EDUCATION ,
NA

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com-M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **Bachelor of management studies** Class (Roll No. NA) during the First/Second Terms of the Academic year **NA** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **June 2018** Examination (Seat No. **3210916**)

My Date of Birth is 05/07/1997

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate** directly to the **Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098** at the earliest.

Thanking You,

Verified by

Yours obediently

Date:

H. G. Dew
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



G. Sawal
(Student's
Signature)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : Shri / Smt. /Kum. . PALAI KARISHMA NARAYAN LAXMI
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: ROOM NO 2284 RAMCHANDRA SAMAL CHAWL KOLSHET ROAD NEAR SHANI TEMPLE MANORAMA NAGAR, 0, Thane, Thane, Thane (M Corp.), Maharashtra
Pincode: 400607 Contact no. 9967573709

College Code : 279

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): THE SIA COLLEGE OF HIGHER EDUCATION,
NA

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com-M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **BACHELOR OF COMMERCE** Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2018 Examination (Seat No. 3108609)

My Date of Birth is 21/01/1997

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:

Shankar
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098



Palai
(Student's
Signature)

UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : Shri / Smt. /Kum. . PAWAR HEMA CHANDRAKANT ALKA College Code : 279
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: Room no 203 Shree Residency bldg Sagarli Road , 0, Kalyan, Thane, dombivali, Maharashtra
Pincode: 421201 Contact no. 7738567847

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): THE SIA COLLEGE ,
NA

Sir / Madam,

I am to state that I have taken provisional admission to the M.Com-M.Com I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the Bcom Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2018 Examination (Seat No. 3189429)

My Date of Birth is 18/06/1996

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.

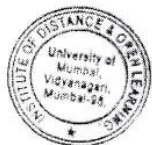
Thanking You,

Verified by

Yours obediently

Date:

of 18/06/2018
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098



(Student's
Signature)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

College Code : 279

From : Shri / Smt. / Kum.
Residential address of the student:
Pincode: 421202
Contact no. 9029201472

AUTI (Surname)
VINITA (Own Name)
BHAUSAHEB (Father's/Husband's Name)
ANJALI (Mother's Name)
301, SHUBHAM PALACE NEAR SUSWAGATAM HOTEL KAILASNAGAR, 0, Kalyan, Thane,
DOMBIVLI WEST, Maharashtra

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): SOUTH INDIAN ASSOCIATION HIGHER EDUCATION COLLEGE
DOMBIVLI,
NA

Sir / Madam,
I am to state that I have taken provisional admission to the **M.Com-M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.
I attended the **B.Com** Class (Roll No. NA) during the First/Second Terms of the Academic year **NA** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **May 2018** Examination (Seat No. 3108260)
My Date of Birth is 22/09/1997
I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.
I am to request to sent my **Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098** at the earliest.

Thanking You,

Verified by _____ Yours obediently

Date: _____
H. K. Sawade
H/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (DOOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098



A. Auti
(Student's Signature)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

College Code : 279

From :
Shri / Smt. /Kum..

MISHRA
(Surname)

SHWATA
(Own Name)

RAMENDRAPRAKASH
(Father's/Husband's Name)

SHAMA
(Mother's Name)

Residential address of the
student:

ASHANAI BLDG A 13 KOPRA ROAD NEAR AAMBABHAVANI MADIR , 0, Kalyan, Thane, DOMBIVLI
WEST, Maharashtra
Pincode: 421202

Contact no. 9769244135

The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): S I A COLLEGE HIGHER EDUCATION ,
NA

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com-M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **BCOM** Class (Roll No. **NA**) during the First/Second Terms of the Academic year **NA** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **April 2018** Examination (Seat No. **3108575**)

My Date of Birth is **30/12/1998**

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate** directly to the **Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098** at the earliest.

Thanking You,

Verified by

Yours obedient

Date:

Shankar
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (DOOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



Shama
(Student)
Signature

This application form, duly filled in by the concerned student and endorsed by the Principal of this college, MUST be submitted to the Principal of the last college attended by the concerned student along with the T.C. fees.

S.I.E.S. COLLEGE OF MANAGEMENT STUDIES
Sri Chandrasekarendra Saraswathy Vidyapuram
Plot 1-E, Sector V, Nerul, Navi Mumbai – 400 706

APPLICATION FORM FOR TRANSFERENCE CERTIFICATE

From

TANYA RAJENDRAKUMAR SINGH

Shakuntala Pride CHS,
Flat No. - C1006, Lodha Heights,
NITJE, Dombivli - E - 421204

Full name & present address of the student

To

The Principal,

SIA College of Higher Education
Sagarli, Dombivli - E

(Name & full address of the college last attended)

Sir,

I am seeking admission to the S.I.E.S. College of Management Studies, Sri Chandrasekarendra Saraswathy Vidyapuram, Plot 1-E, Sector V, Nerul, Navi Mumbai – 400 706, in the MMS / MCA class and request you to be kind enough to send my Transference Certificate to the Principal of this college. My latest academic record in your college is as under :

1. Full Name : TANYA RAJENDRAKUMAR SINGH
2. Class : MCA Div : _____ Roll No. 43
- Academic year : 2018
3. Last Examination for which application was submitted: B.Sc(IT)
4. Month and year of the Exam : April 2017
5. Seat number of the Exam : 3063146
6. Result at the Exam : Nov. 2017 Pass
7. Subjects offered at the Exam : Information Technology

Yours Obediently,

Date : 23/08/18

(Signature of the Student)

S.I.E.S. College of Management Studies,
Nerul, Navi Mumbai – 400 706.

Date : 25/08/18

Forwarded with compliments to the principal, SIA College college, for favour of compliance . In case of degree college students, kindly mention university's letter number and date under which the student's enrolment/eligibility was confirmed.

Date _____



REGISTRAR/PRINCIPAL
SIES COLLEGE OF MANAGEMENT STUDIES
Plot 1-E, Sector 5, Nerul, Navi Mumbai

NCRD'S
STERLING INSTITUTE OF MANAGEMENT STUDIES
Plot No: - 93/93A, Sector: -19, Nerul (E) Navi Mumbai: - 400 706
Telephone: - 27702282/27722290, E Mail: - director@ncrdsims.edu.in

"Request for Transfer Certificate"

From: - SAURABH MOHAN PATIL
(Name of the students in the block capital letters)

Residential Address: - A-303 Shankar Apt, Shivajipath
no. 1 Ganesh Nagar Dombivali (W)

To:
The Principal, SIA College of Higher edu.
(Name of the College Last Attended)

Sir,
I beg to state that I am seeking an admission to the EYMCA Class in this
College and request you to send my "Transfer Certificate" to the Director, Sterling Institute of
Management Studies Nerul, Navi Mumbai. I attended the B.Sc (IT) Class in your
College and My Roll No. Was _____ in the year 2017-18

I kept the following terms in your College

Sr. No	Term	Period
1	First Year	<u>15-16</u>
2	Second Year	<u>16-17</u>
3	Third Year	<u>2017-18</u>

And passed/ failed at the B.Sc (IT) examination held in April/October 2018
My seat No. at the last Examination Was _____
Date of Birth: 20 Aug 1997

Yours Obediently.

[Signature]
Signature of the student

Forwarded with compliments to the principal, NCRD's Sterling Institute of
Management Studies With a request to issue Transfer Certificate.

Date: -



[Signature]
Director
NCRD'S STERLING INSTITUTE OF MANAGEMENT STUDIES
Plot No.93, Sector:19, Nerul(E),
Near Seawoods Darava Rly. Stn.,
Navi Mumbai - 400706,
Tel : 27702282 / 27722290

Excelssior Education Society's
Regd. Under Public Trust Act. 1950 Regd. No. F-638



**K. C. COLLEGE OF ENGINEERING &
MANAGEMENT STUDIES & RESEARCH**
(Affiliated To University of Mumbai, Approved by AICTE & DTE)
(DTE Code 3210)

Ref. No. KCCIMS/S2/18-19/00065

Date: 05/09/2018

To,

The Principal

SIA College of higher education

Plot No. P-88, MIDC Residential

Gyankhona Road, Dombivli (E)

Sub : Regarding Transfer/ Migration Certificate.

Respected Sir,

With above mentioned subject we inform you that Ashwini Shyam Garud is admitted in our institute in the academic year 2018-19 for the First Year MMS. So for the academic record we required Transfer Certificate of the above mentioned Student.

We request you to issue the Transfer Certificate as early as possible.

Thanking You.

Director



Excelssior Education Society's
Regd. Under Public Trust Act. 1950 Regd. No. F-638



K. C. COLLEGE OF ENGINEERING & MANAGEMENT STUDIES & RESEARCH

(Affiliated To University of Mumbai, Approved by AICTE & DTE)
(DTE Code 3210)

Ref. No. KCCIMS/S2/18-19/00060

Date : 05/09/2018

To,

The Principal

SI A. College of higher education

Plot No. P-88, MIDC Residential

Gyankhara Road, Dombivli (E)

Sub : Regarding Transfer/ Migration Certificate.

Respected Sir,

With above mentioned subject we inform you that Priyadarshani Somasundaram Gounder is admitted in our institute in the academic year 2018-19 for the First Year MMS. So for the academic record we required Transfer Certificate of the above mentioned Student.

We request you to issue the Transfer Certificate as early as possible.

Thanking You.

Director



Phone : 91-22-2544 6554
91-22-2536 4492

Vidya Prasarak Mandal's
Dr. V.N. Bedekar Institute of Management Studies,
Jnanadweepa , Chendani, Bunder Road, Thane - 400 601. (M.S.)
ISO 9001-2008
LRQA

120 pending

APPLICATION FOR TRANSFERENCE CERTIFICATE

From :

Shri / Smt./ Kum

Khutale
(Surname)

Apoorva
(Name)

Pandit
(Middle Name)

Residential Address of
the student:

B'110 Jignesh Society sunil
Nagar D.N.C Road Dambivili (E)
2/21 201

To,
The Principal / Director / Head of Department

South Indian association college.

Sir/ Madam,

I hereby state that I am seeking Admission to the **Two Year full time MMS Degree Program of University of Mumbai for the Academic Year 2018-19** at VPM's , Dr. V.N. Bedekar Institute of Management Studies, Thane- 400601. I request you to send my **Transference Certificate** to the Director, VPM's Dr. V. N. Bedekar Institute of Management Studies, Thane - 400601.

I attended the BMS course Roll No. _____ during the April 2016 term/s of the year 2015-16 of your Institute/ College and passed / failed at the examination held by the Mumbai University.

Yours obediently.

A.P. Khutale
(Signature of the student)

Forwarded with compliments to the Principal / Director / Head of Department South Indian association college for favour of early compliance.

The applicant date of birth may also kindly be supplied.

Date : _____



for AS

Director
VPM's Dr. V.N. Bedekar Institute of
Management Studies, Thane-400601.

Phone : 91-22-2544 6554
91-22-2536 4492

Vidya Prasarak Mandal's
Dr. V.N. Bedekar Institute of Management Studies.
Jnanadweepa , Chendani, Bunder Road, Thane - 400 601. (M.S.)
ISO 9001-2008
LRQA

APPLICATION FOR TRANSFERENCE CERTIFICATE

From :

Shri / Smt./ Kum

Aswale Amruta Anil
(Surname) (Name) (Middle Name)

Residential Address of the student: A/103, Ravi sarket Co.opp. Hou.
Soc, Sunil nagar, D.N.C Road
Dombivli (E)

To,
The Principal / Director / Head of Department
South Indian Association
M.J.D.C Road, Gymkhana
Dom (E)

Sir/ Madam,

I hereby state that I am seeking Admission to the **Two Year full time MMS Degree Program of University of Mumbai for the Academic Year 2018-19** at VPM's , Dr. V.N. Bedekar Institute of Management Studies, Thane- 400601. I request you to send my **Transference Certificate** to the Director, VPM's Dr. V. N. Bedekar Institute of Management Studies, Thane - 400601.

I attended the BMS course Roll No. _____ during the April 016 term/s of the year 2015-16 of your Institute/ College and passed / failed at the examination held by the _____ University.

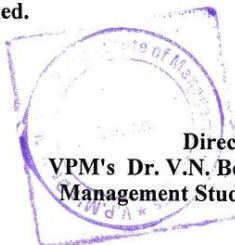
Yours obediently.

Aswale
(Signature of the student)

Forwarded with compliments to the Principal / Director / Head of Department South Indian for Association favour of early compliance.

The applicant date of birth may also kindly be supplied.

Date : 14/07/18


Director
VPM's Dr. V.N. Bedekar Institute of Management Studies, Thane-400601.

Application for Transfer/Leaving Certificate.

Format of Request

From:
Name: _____
Address: _____

Date: _____

To
The Principal,

Subject: Request to Issue Transfer/ Leaving Certificate.

Respected Sir,

I Vaishna Nair was bonafied student studying in B.A/B.Com/B.Sc/B.E/) in your reputed college during the period from 2015 to 2018 and have passed the final examination SEM VI in the month of APRIL and year 2018.

Now, I have taken the admission to the MMS course in the academic year 2018-2019 at *GNVS Institute of Management, GTB Nagar, Sion- Koliwada (E), Mumbai-400037* which is affiliated to the University of Mumbai and approved by AICTE and DTE.

I am sending herewith attested photocopies of Statement of Marks for all the years/Semesters, my Birth Certificate and Caste Certificate for your further necessary action in the matter.

I am ready to pay the charges if any for issuing my Transfer/Leaving Certificate, if so kindly let me know so that I will arrange to send it to your college by cash or DD. Kindly arrange to send my Transfer/Leaving Certificate at my above Address at an early date, as I am urgently in need of the same for the purpose of Completion of my process.

Thanking You
Yours Faithfully

Vaishna
(Student's Signature)

Enclosing: 1)
2)

Dear Sir/Madam,

This application is hereby forwarded with compliments for necessary action. Kindly issue the Transfer/Leaving Certificate to the candidate at the earliest so as to confirm his/her admission to our Institute.


Director / Registrar
GNVS Institute of Management
GTB Nagar, Sion- Koliwada (E), Mumbai-400037.
Ph:-2401 3273.Telfax:-24050054.



UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From :				College Code : 279
Shri / Smt. /Kum. .	GAUD	RISHIRATAN	RAJENDRA PRASAD	PRAMILADEVI
	(Surname)	(Own Name)	(Father's/Husband's Name)	(Mother's Name)
Residential address of the student:	A 401 SHANTI GARDEN DOMBIVLI , 0, Kalyan, Thane, DOMBIVALLI, Maharashtra			
	Pincode: 421201	Contact no. 8976782843		

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): **THE S.I.A COLLEGE OF HIGHER EDUCATION ,**
NA

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com-M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **BCOM** Class (Roll No. **NA**) during the First/Second Terms of the Academic year **NA** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **April 2018** Examination (Seat No. **3108385**)

My Date of Birth is 21/05/1997

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.**

Thanking You,

Verified by

Yours obediently

Date:

H. K. Dew
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



K. Prakash
(Student's
Signature)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From :

Shri / Smt. /Kum. .

PATIL

(Surname)

KANCHAN

(Own Name)

SHYAM

(Father's/Husband's Name)

DAYA

(Mother's Name)

College Code : 279

Residential address of the student:

01, GYMKHANA ROAD DAGDU PATIL WADI, SAGARLI DOMBIVLI (EAST), 0, Kalyan, Thane,
DOMBIVLI, Maharashtra
Pincode: 421201 Contact no. 8108801010

To,

The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): SIA COLLEGE ,

NA

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com-M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **BCOM** Class (Roll No. **NA**) during the First/Second Terms of the Academic year **NA** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **April 2017** Examination (Seat No. **6272823**)

My Date of Birth is **15/01/1997**

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate** directly to the **Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.**

Thanking You,

Verified by

Yours obediently

Date:

H. K. Sawade
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (DOOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E) MUMBAI-400 098



(Student's
Signature)



**UNIVERSITY OF MUMBAI
INSTITUTE OF DISTANCE EDUCATION**

Dr. Shanker Dayal Sharma Bhavan,
Vidyanagari, Santacruz (East), Mumbai - 400 098.

Application for Transference Certificate from the last attended
College / University Department

From : _____ College Code : _____
 Shri / Smt. Kum. KHANAPURKAR SHRUTI PRASHANT MUGDHA
 (In Block Letters) (Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
 Residential address of the student 2, PITRUTMARPAN, GUPTA ROAD, NR. ROKADE
BUILDING, DOMBIVLI (WEST)
 Pin Code : H21202 Tel. No. _____
 To
 The Principal / Head of the University Dept.
 (Full Name and Address of the last attended College / University Dept.) THE SIA COLLEGE OF HIGHER EDU
P-88, MIDC RESIDENTIAL ZONE, DOMBIVLI GYMKHANA, SAGARLI,
DOMBIVLI (E).

Through Asstt. Registrar (Adm.) I.D.E.

Sir / Madam,

I am to state that I have taken provisional admission to the MCOM - PART II Class in the institute of Distance Education of the University of Mumbai on the basis of the No Objection Certificate dated _____ issued to me by the College / University Dept.

I attended the 74BB1 Class (Div. A Roll No. BF14025) during the First/Second Term/s of the academic year 2016-17 at your College and passed/failed/was awarded A.T.K.T. at the examination held by the University Dept. / College in April/October _____ Examination (Seat No. _____)

My Date of Birth is 02/11/1996

I am enclosing the attested xerox copy of the mark-sheet/s of the above mentioned examination/s. I have also paid the T.C. Fee of Rs. 100/- at the Institute of Distance Education at the time of admission.

I am to request to send my Transference Certificate directly to the Director, Institute of Distance Education, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking you,

Yours obediently,

Date :



13/11/17

(Signature of the Adm. Clerk)

(Student's Signature)

- N.B.:** 1) This Application for Transference Certificate must be submitted at the admission counter by only those students who seek admission to I.D.E. on the basis of N.O.C. from the affiliated college or the Department of the University of Mumbai last attended by them.
 2) The old students of I.D.E. are NOT required to fill up this form.

Note : This application for Transference Certificate must be submitted to the Principal of the College attended by the student immediately along with the necessary Transference Certificate Fee.

APPLICATION FOR TRANSFERENCE/MIGRATION CERTIFICATE

Date: 4/8/18

From:

Shri/Smt/Kum Ankit Kumar Arvind Kumar Dubey
Residential Address: 3, Basant Dhair D/Dg
Manpada Road, Dombivli (E)
Thane - 421201 ☎ 0251-2445947/9320708410

To,

The Principal,

The SIA College of Higher Edu.
MIDC, Near Dombivli Gymkhana
Dombivli (E), Thane - 421203

Sir,

I beg to state that I am seeking admission to the M. Sc. (CS) class of the Department of Computer Science, University of Mumbai and have, therefore, to request you kindly to send my Transference /Migration Certificate to the Head, Department of Computer Science, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai-400098.

I attended the B. Sc. IT class (Div. A Roll No. 1E14013) in your college/Institute during the year APR, 2017 and passed/failed at the examination held by the University in April / ~~October~~ 2017 (Examination Seat No. 4027844 My date of Birth is 13/04/1998 (13 APR 19

Yours faithfully,

ADubey
(Candidate's signature)

University of Mumbai
Department of Computer Science
Justice Ranade Bhavan, Ground Floor, Vidyanagari, Santacruz (East), Mumbai-400098

UDCS / 08 / 2018-19

Date: _____

Forwarded with compliments to the Principal, The SIA college of Higher Edu.
college / Institution, for favour of early compliance. Dombivli (E), Thane



S. J. KAR
Head
Department of Computer Science
University of Mumbai

HEAD
DEPARTMENT OF COMPUTER SCIENCE
UNIVERSITY OF MUMBAI

*

NARI GURSAHANI LAW COLLEGE, ULHASNAGAR- 3

Smt. C.H.M. College campus, Opp. Railway station,
Ulhasnagar - 421 003 Dist. Thane

APPLICATION FOR TRANSFER CERTIFICATE

Name in full : Thakkar Devang Vijaysinh
Surname Name Father's Name

Address for communication: Ambika Naka, Narayan
Complex 104, Near Mathuran
road

Tel. No. 0248-236620 Mob. 7888232066

The Principal

S.T.A College
Dombivli

Sir/Madam,

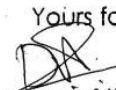
I beg to state that I am seeking admission to the 1st year LL.B class in this college and request that you will be good enough to send my Transfer Certificate to the Principal of this college.

I remit herewith Rs. 120 being the fee for the Transfer Certificate

1. Last class attended 2015 - Mar-April
2. Roll No. ~~1098463~~
3. Academic Year 2014-15
4. Last Examination Passed/Failed Passed
5. Examination Seat No. 1098463
6. Month and Year of Exam July 17, 2018
7. Date of Birth 13-03-1994
8. Subject offered/ taken i) Labour Law ii) contract I
iii) Tort & CPL iv) Legal Language & Legal Writing

Date: 3-11-18

Yours faithfully,


Signature of the students

Forwarded with best compliment to

The Principal _____ college, for
necessary action.

Date : _____





Principal



UNIVERSITY OF MUMBAI
INSTITUTE OF DISTANCE EDUCATION

Dr. Shanker Dayal Sharma Bhavan,
Vidyanagari, Santacruz (East), Mumbai - 400 098.

Application for Transference Certificate from the last attended
College / University Department

College
Code :

From :

Shri / Smt. Kum. PRATIKSHA SHAMSUNDAR MAYEKAR

(In Block Letters)

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother)

Residential address of the student Parijanya Co-op Society, A wing,
Room No 9, 2nd Floor, Ramchandra Nagar,
Dombivli (E.)

Pin Code: 421201

Tel. No. 8879165624

To

The Principal / Head of the University Dept.

(Full Name and Address of the last attended College / University Dept.) SIA College of
Higher Education, Plot No. P-88 MIDC Residential Zone
Gyankhana Road, Sagarli, Dombivli (East)

Through Asstt. Registrar (Adm.) I.D.E.

Sir / Madam,

I am to state that I have taken provisional admission to the Mcom Part 1 Class in the Ins-
Distance Education of the University of Mumbai on the basis of the No Objection Certificate dated 2017-18
issued to me by the College / University Dept.

I attended the Ty B&T Class (Div. A) Roll No. BE13017 during the First/Second Term
academic year 2015-16 at your College and passed/failed/was awarded A.T.K.T. at the examination
the University Dept. / College in April/October 2016 Examination (Seat No. 1115661)

My Date of Birth is 09-12-1995

I am enclosing the attested xerox copy of the mark-sheet/s of the above mentioned examination/s. I have
paid the T.C. Fee of Rs. 100/- at the Institute of Distance Education at the time of admission.

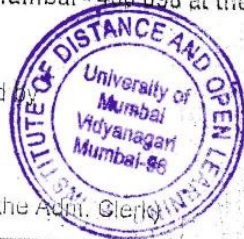
I am to request to send my Transference Certificate directly to the Director, Institute of Distance Edu-
University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking you,

Verified

NAO
28/11/18

(Signature of the Admt. Clerk)



Yours obed

Mayekar
(Student's Sig)

Date: 30-11-2018

- N.B.: 1) This Application for Transference Certificate must be submitted at the admission counter by those students who seek admission to I.D.E. on the basis of T.C. from the affiliated college / Department of the University of Mumbai last attended by them.
- 2) The old students of I.D.E. are NOT required to fill up this form.

T.Z.A.S.P. MANDAL'S

PRAGATI COLLEGE OF ARTS & COMMERCE, DOMBIVLI (E)

APPLICATION FORM FOR TRANSFERENCE CERTIFICATE

(Incomplete form will be rejected)

Date: 16/11/18 PRN No. 2015016400181431 TC No. _____

Name of students in full SAWANT AKSHATA VTNAYAK
(IN CAPITAL LETTERS) Surname Name Fathers Name

To,

The Principal / Registrar,

S.I.A college of
Higher education.

Sir / Madam,

I write to say I am seeking admission to the Mcom I class of the PRAGATI COLLEGE, Dombivli - (E) and therefore I request you to send my Transference Certificate to the Principal, PRAGATI COLLEGE, Dombivli - (E)

My particulars of last class attended in your College are as below :-

1. Last class attended : TYBcom Roll No. : _____ Div : _____
2. Academic Year : 2017-18
3. Subject Offered : SM, CB, IBBI, HRM, Ethics, TM.
4. Seat No. : 3189467 Year of Examination 2017-18
5. Details of Examination Passed : Sem I Pass Sem II Pass
(Pass / Failed / Appeared / Aikt) Sem II Pass Sem IV Pass
Sem V Pass Sem VI Pass
6. Date of Birth : 4/12/1997

Yours faithfully,

[Signature]
Signature of applicant

Address :
PRAGATI COLLEGE OF ARTS & COMMERCE,
D.N.C.RD., DATTANAGAR, DOMBIVLI (E)

Forwarded with compliment to the Principal/Registrar,
with a request to sent his / her Transference Certificate at the earliest



[Signature]
PRINCIPAL
Pragati College, Dombivli (E)
Dombivli (E)

Telephone : 2414 3098



**Ramnarain Ruia Autonomous College,
Matunga, Mumbai - 19.**

Application for Transference Certificate

Class MSC-CS Admission No. _____ Roll No. _____
(Details of Admission Sought in Ruia College)

The Principal / Dean,

Date 06-12-18

The SIA College Of Higher Education.
(Name and address of the College last attended)

Sub : Transference Certificate/s

Sir,

I, Shri / Smt. Siddhesh Deepak Barve

have been admitted to the Ramnarain Ruia Autonomous College, Matunga in MSc-CS
Class, this year. I was a student of your College Previously and I give below all particulars about
it. I have to request you to kindly send my Transference Certificate to the Principal of Ruia
College at the earliest.

MY PARTICULARS

Name in Full in Block Capitals { Shri / Kurn./Smt. SIDDHESH DEEPAK BARVE
(In case of Married female students, both the name in full should be given)

I attended the BSc-IT Class in your College during * 1st term / 2nd term / Both terms
of the academic year 2014 - 2017

My Birth Date is : 14-02-1997

My Optional Subjects were : _____

My Roll No. In your College was : IF-14004

I *Passed/failed in/ did not appear at/ did not fill in Examination Form for the TYBSc-IT

Examination of the year March / October 2017

My Examination Seat No. was : 4027825

*Strike out which is not applicable

Yours faithfully

[Signature]
Student's Signature
Ramnarain Ruia Autonomous College Mumbai - 19

Ref. No. TC/
(Academic Section)

Date : 06-12-18

Forwarded with compliment to the Principal /Dean _____

For necessary action

2. The Transference Certificate fee of Rs. _____ is sent to him by Cheque by M.O by Cash
enclosed herewith

3. The student has been asked to pay T.C. Fee direct to their Office
Following Documents to be attached.

1. All Previous Semester Marksheet attested Photocopies.



[Signature]
Principal
Ramnarain Ruia College

For Recd
18/12/18

Telephone : 2414 3098



Ramnarain Ruia Autonomous College, Matunga, Mumbai - 19.

Application for Transference Certificate

Class Msc IT Admission No. _____ Roll No. 1143
(Details of Admission Sought in Ruia College)

The Principal / Dean,

Date 6-12-18

SIA college of higher Education
(Name and address of the College last attended)

Sub : Transference Certificate/s

Sir,

I, Shri / Smt. Amit Manohar Nevarekar

have been admitted to the Ramnarain Ruia Autonomous College, Matunga in Msc IT Class, this year. I was a student of your College Previously and I give below all particulars about it. I have to request you to kindly send my Transference Certificate to the Principal of Ruia College at the earliest.

MY PARTICULARS

Name in Full in Block Capitals { Shri / Kum./Smt. AMIT MANOHAR NEVAREKAR
(In case of Married female students, both the name in full should be given)

I attended the Bsc-IT Class in your College during * 1st term / 2nd term / Both terms of the academic year 2014 - 2018

My Birth Date is : 07/04/1996

My Optional Subjects were : _____

My Roll No. In your College was : IF 14053

I *Passed/failed in/did not appear at/ did not fill in Examination Form for the T.Y Bsc - IT Examination of the year March / October 2018

My Examination Seat No. was : 2068765

*Strike out which is not applicable

Yours faithfully

Student's Signature
Ramnarain Ruia Autonomous College Mumbai - 19

Ref. No. TC/
(Academic Section)

Date : 6-12-18

Forwarded with compliment to the Principal /Dean _____

For necessary action

- The Transference Certificate fee of Rs. _____ is sent to him by Cheque by M.O by Cash enclosed herewith
- The student has been asked to pay T.C. Fee direct to their Office

Following Documents to be attached.

- All Previous Semester Marksheet attested Photocopies.

Mulshi

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : Shri / Smt. /Kum. . SARAF AMRUTA PRAMOD NARAYAN SARAF PRACHI PRAMOD SARAF College Code : 279
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: A/9102 Kritika CHS Star Colony Manpada road Dombivlit (E), 0, Kalyan, Thane, Dombivli, Maharashtra
Pincode: 421201 Contact no. 8898841125

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): THE SIA COLLEGE OF HIGHER GDUCATION ,
NA

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com-M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **B.Com** Class (Roll No. **NA**) during the First/Second Terms of the Academic year **NA** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **July 2018** Examination (Seat No. **3108692**)

My Date of Birth is **16/06/1995**

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate** directly to the **Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098** at the earliest.

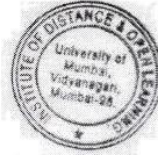
Thanking You,

Verified by

Yours obediently

Date:

H. Prasad
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (I/O/L)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



(Student's
Signature)

Document printed on Fri Aug 31 2018 19:36:04 GMT+0530 (India Standard Time)

THE SIA COLLEGE OF HIGHER EDUCATION

D.S.P.M'S K.V.PENDHARKAR COLLEGE,

ARTS, SCIENCE & COMMERCE

Plot No.SPL4, Opp. MIDC Office City: Dombivli (E), Pin: 421203,
Tehsil:Kalyan, State:Maharashtra

Class _____ Div. _____ Roll Number _____
(Details of Admission sought in K.V.Pendharkar College)

FORM OF APPLICATION FOR MANUAL / DIGITAL TRANSFERENCE CERTIFICATE

From:

Date: _____

Name in full: (Beginning with Surname) Pandey Priya Lalbahadur

To,

The Principal / Registrar,

The S.I.A College of
Higher Education.

Sir / Madam,

I, write to say that I am seeking admission to the Mcom Part - I (Accountancy) Class of the K.V. Pendharkar College, Dombivli, affiliated University of Mumbai and therefore I request you to send my Transference Certificate to the Principal / Registrar of K.V. Pendharkar College, Dombivli.

PARTICULARS:-

1. Name of the Class attended : Ty Bcom
2. Academic Year : 2017-2018
3. Examination passed/ failed / Appeared / ATKT : Passed
4. Registration/ PRN (if any) : 2015016400340475
5. Year of Examination : 2018
6. Seat No. : 3108616
7. Subjects offered : _____
8. Date of Birth : 19/10/1999

Yours faithfully,

Priya Pandey

Signature of the student

Address:

B3, 101, Shantiniketan
Dombivli (E).

Mobile No. : 9326089893

Forwarded with compliment to The Principal/ Registrar, with a request to send his / her Transference Certificate at the earliest.



Prasad

PRINCIPAL

K. V. PENDHARKAR COLLEGE OF
ARTS, SCIENCE & COMMERCE
D.S.P.M'S K.V.PENDHARKAR COLLEGE,
DOMBIVLI (EAST)

Note : This application form, duly filled in by the concerned student and endorsed by the Principal of this college, MUST be submitted to the Principal of the last college attended by the concerned student along with the T.C. fees.

S.I.E.S. COLLEGE OF MANAGEMENT STUDIES
Sri Chandrasekarendra Saraswathy Vidyapuram
Plot 1-E, Sector V, Nerul, Navi Mumbai - 400 706

APPLICATION FORM FOR TRANSFERENCE CERTIFICATE

From

Krishna - Ganesh

B/7, Mangaldeep, P&T Full name & present address of the student

Colony, Dombivli (E) Mumbai - 421201

To

The Principal,

SIA College of

Higher Education, Dombivli (E) (Name & full address of the college last attended)

Sir,

I am seeking admission to the S.I.E.S. College of Management Studies, Sri Chandrasekarendra Saraswathy Vidyapuram, Plot 1-E, Sector V, Nerul, Navi Mumbai - 400 706, in the MMS / MCA class and request you to be kind enough to send my Transference Certificate to the Principal of this college. My latest academic record in your college is as under :

1. Full Name : Krishna Ganesh

2. Class : TYBMS Div : _____ Roll No. MF15010

Academic year : ~~2018-2021~~ 2017-2018

3. Last Examination for which application was submitted: 2018

4. Month and year of the Exam : April 2018

5. Seat number of the Exam : 3210618

6. Result at the Exam : Pass

7. Subjects offered at the Exam : ~~Business~~ Operation Research, Indian Ethos in Mgt, CCPR, Brand Mgt, Retail Mgt, International Mktg, Media Planning & Mgt. Yours Obediently,

Date : 20/7/19

Gith
(Signature of the Student)

S.I.E.S. College of Management Studies,
Nerul, Navi Mumbai - 400 706.

Date : 20/7/19

Forwarded with compliments to the principal, SIA college, for favour of compliance . In case of degree college students, kindly mention university's letter number and date under which the student's enrolment/eligibility was confirmed.

Date 20/7/19

R. C. L.
REGISTRAR/PRINCIPAL
SIES COLLEGE OF MANAGEMENT STUDIES
Plot 1-E, Sector 5, Nerul, Navi Mumbai



Ramnarain Ruia Autonomous College, Matunga, Mumbai - 19.

Application for Transference Certificate

Class _____ Admission No. _____ Roll No. _____
(Details of Admission Sought in Ruia College)

ie Principal / Dean,

Date _____

The S.I.A. College of higher education, Dombivali (E)
(Name and address of the College last attended)

Sub : Transference Certificate/s

Sir,

I, Shri / Smt. Onkar Pramod More

have been admitted to the Ramnarain Ruia Autonomous College, Matunga in MSc IT Part I Class, this year. I was a student of your College Previously and I give below all particulars about it. I have to request you to kindly send my Transference Certificate to the Principal of Ruia College at the earliest.

MY PARTICULARS

Name in Full in Block Capitals { Shri / Kum./Smt. ONKAR PRAMOD MORE
(In case of Married female students, both the name in full should be given)

I attended the BSc IT Class in your College during * 1st term / 2nd term / Both terms of the academic year 2016 - 2019

My Birth Date is : 31, March, 1999

My Optional Subjects were : _____

My Roll No. In your College was : IF16030

I *Passed/failed in/did not appear at/ did not fill in Examination Form for the TY BSc IT Examination of the year March / October 2019

My Examination Seat No. was : 3040730

*Strike out which is not applicable

Yours faithfully

Onkar More

Student's Signature

Ramnarain Ruia Autonomous College Mumbai - 19

Ref. No. TC/ _____

(Academic Section)

Date : _____

Forwarded with compliment to the Principal /Dean _____

For necessary action

2. The Transference Certificate fee of Rs. _____ is sent to him by Cheque by M.O by Cash enclosed herewith

3. The student has been asked to pay T.C. Fee direct to their Office

Following Documents to be attached.

1. All Previous Semester Marksheet attested Photocopies.



Principal

Ramnarain Ruia Autonomous College,
Matunga, Mumbai - 400019



VIVEKANAND EDUCATION SOCIETY'S INSTITUTE OF TECHNOLOGY

Hashu Advani Memorial Complex, Collector's Colony, Chembur, Mumbai - 400074.

TRANSFER CERTIFICATE

FROM:
Chavan Chinmay Kishor

Date: 08-08-2019 06:30:11

Address: B-202 Pinakin CHS
Shastri Nagar Dombivli

To,
The Principal,
The SIA College of Higher
Education P-38 (Rajabandhan
Patheal, Gymkhana Road Dombivli)

Sir /Madam,

I am seeking admission to the MASTERS OF COMPUTER APPLICATIONS class in VESIT and request that you will be good enough to send my transfer / transference certificate to the principal of the college.

I attended the BSc.IT course in your college from 2016 to 2019
and passed at the examination of TY in the year 2019.

My class roll No. was IF16006 and my University Seat No. was 4072193.

Yours obediently,

(Chavan Chinmay Kishor)

Forwarded with compliments to the Principal The SIA College college, for the favor of compliance



Principal

V.E.S. Institute of Technology

Asma Parveen
ADMISSION INCHARGE
ASMA PARVEEN I.S.

**BHARATI VIDYAPEETH'S
INSTITUTE OF MANAGEMENT STUDIES & RESEARCH
SECTOR NO.8, CBD, BELAPUR, NAVI MUMBAI**

Date-

To,
The Principal
The SIA College
of higher education.
Dombivli - East.

Sir,

I beg to state that I am seeking admission to the DLELW Course in above mentioned institute and request you to be good enough to send my Transference Certificate to the Director of the said Institute.

I attended the Third Year BMS Class of your College during 2017-18
My Roll No. was MS16073 I passed TYBMS examination
in May 2018 Examination Seat No. 3210754.

Yours faithfully,

Jayesh

Signature

STUDENTS FULL NAME BHOSALE JAYESH NAGESH
(BEGINNING WITH SURNAME)

Forwarded with Compliments to the _____
_____ for favour of compliance.

AA
Director
Bharati Vidyapeeth University
School of Distance Education
Sector-8, C.B.D., Belapur
Navi Mumbai-400 614



UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santaacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : Shri / Smt. / Kum. College Code : 2
BANJAN DIKSHITA SUNDER JAYANTHI
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of ROOM NO. 5, NEW SUDAM MHATRE CHAWL RETI BUNDAR ROAD, RAHUL NAGAR DOMBIVLI (WEST
the student: , 0, Kalyan, Talane, DOMBIVLI WEST, Maharashtra
Pincode: 421202 Contact no. 9892754673

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): SOUTH INDIAN COLLEGE ,
NA
Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.
I attended the **Bachelor of Commerce - (B.Com.)** Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **May 2019** Examination (Seat No. **1035812**)
My Date of Birth is 04/05/1997
I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.
I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai Vidyanagari, Santaacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)



Accredited 'A' Grade by NAAC

FORM OF APPLICATION
FOR
TRANSFERENCE CERTIFICATE

Date: 23/9/19.

Name in Full: KIZHAKKE MADAM SARASWATHY AMANTHARAMAN
(Beginning with Surname)

To,
The Principal / Registrar,
PJA College
Dombivli

Sir,
I write to say that I am seeking admission to the M. com Class of the PART I University
& therefore I request you to send my Transference Certificate to the Principal / Registrar Model College, Dombivli (E);

PARTICULARS

- 1) Name of the Class Attended : B. com, BSE
- 2) Academic Year : 2018 - 2019
- 3) Examination Passed / Failed / ATKT : 2019
- 4) Year of Examination : 2019
- 5) Seat No. : _____
- 6) Subjects Offered : 160822 16028

Your's faithfully

[Signature]
(SIGNATURE OF THE APPLICANT)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : Shri / Smt. / Kum. College Code : 279
PAWAR PARAG PRASENJIT PRANALI
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: 102 Bhargavi Laxmi Mahatma Phule road ,SV school , 0, Kalyan, Thane, Dombivli, Maharashtra
Pincode: 421202 Contact no. 8692932855

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): SOUTH INDIAN ASSOCIATION COLLEGE OF HIGHER
EDUCATION ,
NA

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Sc. (IT) Part I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **Bachelor of science** Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **May 2019** Examination (Seat No. **3040684**)
My Date of Birth is **04/10/1998**

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate** directly to the **Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098** at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

Document printed on Thu Sep 19 2019 22:24:55 GMT+0530 (India Standard Time)

8/26/2019

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : Shri / Smt. /Kum. . JAISWAL PALLAVI TRILOKINATH JAISWAL ASHA JAISWAL
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: 404, Gomti C.H.S. Rajaji Path Dombivli , 0, Kalyan, Thane, Dombivli , Maharashtra
Pincode: 421201 Contact no. 7021797989

College Code : 279

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): THE S.I.A COLLEGE OF HIGHER EDUCATION ,
NA
Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **Bachelor Of Commerce** Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **May 2019** Examination (Seat No. 1035954)
My Date of Birth is 05/03/1999

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate** directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : College Code : 279
Shri / Smt. /Kum. . **WAWDRA** **LALITA** **PHOOLCHAND** **CHAMPA**
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: **B3, KRISHNA KUTIR ANAND NAGAR DOMBIVLI , 0, Kalyan, Thane, DOMBIVLI, Maharashtra**
Pincode: **421202** Contact no. **8928559904**

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): **THE SIA COLLEGE OF HIGHER EDUCATION ,**
NA
Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **BCOM** Class (Roll No. **NA**) during the First/Second Terms of the Academic year **NA** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **April 2019** Examination (Seat No. **1036302**)

My Date of Birth is 19/03/1998

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate** directly to the **Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098** at the earliest.

Thanking You,

Verified by

Yours obediently

Date:




(Student's Signature)



SVIMS

**Sir M. VISVESVARAYA INSTITUTE
OF MANAGEMENT STUDIES & RESEARCH**
Wadala (W), Mumbai 400 031. Tel.: 24180566

IDENTITY CARD



Name: **GANDHI PRASAD**
Batch: **MMS 2019-21** Roll No. : **10009**
Date of Birth : **06/02/1997**
Blood Group :

P.C. Ganesh
Student

[Signature]
Director

9/9/2019

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From :

Shri / Smt. /Kum. .

MOHITE

AKASH

SAMBHAJI

College Code : 279

(Surname)

(Own Name)

(Father's/Husband's Name)

SHAMAL

(Mother's Name)

Residential address of the student:

B-162 INDIRA NAGAR KALYAN ROAD , 0, Kalyan, Thane, DOMBIVALI, Maharashtra
Pincode: 421201 Contact no. 8652455358

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): THE SOUTH INDIAN ASSOCIATION COLLEGE ,

NA

Sir / Madam,

I am to state that I have taken provisional admission to the PGDFM class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the Bachelor of Commerce - (B.Com.) Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2017 Examination (Seat No. 6272719)

My Date of Birth is 18/06/1992

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

Document printed on Mon Sep 09 2019 19:05:14 GMT+0530 (India Standard Time)



KERALEEYA SAMAJAM (REGD) DOMBIVLI'S
MODEL COLLEGE
Accredited 'A' Grade by NAAC

**FORM OF APPLICATION
FOR
TRANSFERENCE CERTIFICATE**

Date 28/09/2019

Name in Full: Iyer Mahalakshmi Sakthivakeeswaran
(Beginning with Surname)

To,
The Principal / Registrar,

The S.T.A College of
Higher Education, Sagar,
Dombivli [E]

Sir,

I write to say that I am seeking admission to the M.Com Part I Class of the Mumbai University
& therefore I request you to sent my Transference Certificate to the Principal / Registrar Model College, Dombivli (E);

PARTICULARS

- 1) Name of the Class Attended : B.com
- 2) Academic Year : 2018-19
- 3) Examination Passed / Failed / ATKT : 2019
- 4) Year of Examination : 2019
- 5) Seat No. : 1035935
- 6) Subjects Offered : F.A, Tax, Economics, C.P, Export
Costing

201-10000

PRINCIPAL
The S.T.A. College of Higher Education

Your's faithfully

(SIGNATURE OF THE APPLICANT)

Forwarded with compliment of the Principal / Registrar, with a request to send his/her Transference Certificate at the earliest.



Somaiya Vidyavihar

Smt S K Somaiya Junior College of Education

(For Women)

(Reg No IR TRG/ 6905-06 dt 09-03-63) (NCTE Recognition Code No 112055 WRC/7-112/96/2601 dt 08-07-97)

M.S. Exam Concil Code No. 1201 MSCERT Code - 13.02

Ref:- 20/19-20

Date: 07/01/2020

To,


The Principal,
South Indian Association B.M.S. College,
Dombivali (E)

Sub:- Transfer Certificate

Respected Sir/ Madam,

I here by inform you that Kum. PRATIKSHA DEEPAK CHOUHAN has taken admission
In our institute for two years full time Regular D.El.Ed. Course in academic year 2019-20.
We need her transfer Certificate to confirm her admission & she has Completed her
B.M.S. COURSE from your college . So Sir Kindly issue her Transfer Certificate as early as
possible.

Thanking you.


Yours faithfully,

IC PRINCIPAL
Smt. S. K. Somaiya Jr. College
of Education, Vidyanagar, V. Dombivali,
Mumbai - 400 077



T R U S T

Vidyavihar, Mumbai-400 077, India. Telephone: (91-22) 21023612 Fax: (91-22) 21022619
email: principal@ded.somaiya.edu Web: www.somaiya.edu

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098
Application for Transference Certificate from the last attended College / University Department

From :

College Code : 279

Shri / Smt. /Kum. . LOHAR PRIYANKA HUKUMICHAND MANJU
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)

Residential address of the student: SHOP NO.2 MANGLYA COMPLEX MAHATMA PHULE ROAD GARIBACHA WADA DOMBIVALI WEST - 421202, 0, Kalyan, Thane, DOMBIVALI, Maharashtra

Pincode: 421202 Contact no. 9987080642

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): SIA COLLEGE OF HIGHER EDUCATION ,
NA

Sir / Madam,

I am to state that I have taken provisional admission to the M.Com-M.Com I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the BBI Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in July 2016 Examination (Seat No. 1115604)

My Date of Birth is 23/07/1996

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:

H. K. Sharma
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IGDL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400098



LOHAR
(Student's
Signature)

महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ,
मुंबई विभागीय मंडळ, वाशी, नवी मुंबई - ४०० ७०३.

प्रेषक : (संपर्क केंद्रसंचालक)

जावक क्र. : pv/2013/66

स्थळ : Dombivli (E)

दिनांक : 30/10/13

(संपर्क केंद्र क्रमांक : 5.16.17.023)

प्रति,

कु. Shaiikh Salman B.

Dombivli (E)

(विद्यार्थ्यांचा नांव नोंदणी क्र. 9100)

विषय : माध्यमिक शालान्त प्रमाणपत्र परीक्षा (इ. १०वी) मार्च २०१४
खाजगीरित्या प्रविष्ट होण्यासाठी सादर केलेल्या अर्ज क्र. १७ बाबत.....

वरील विषयाबाबत आपणांस कळविण्यात येते की मार्च २०१४ मध्ये संपन्न होणाऱ्या इ. १०वी च्या परीक्षेस खाजगीरित्या प्रविष्ट होण्यासाठी आपण महाराष्ट्र राज्य माध्यमिक व उच्च माध्यमिक शिक्षण मंडळ, वाशी, नवी मुंबई यांचे नावे फॉर्म नं. १७ भरलेला होता. त्याप्रमाणे आपण इ. १०वीच्या मार्च २०१४ च्या परीक्षेस खाजगीरित्या प्रविष्ट होण्यास पात्र असून आपणास या परीक्षेस प्रविष्ट होण्यासाठी 9100 हा नांव नोंदणी क्रमांक देण्यात आला आहे.

मार्च २०१४च्या १०वीच्या परीक्षेस प्रविष्ट होण्यासाठी आपणास संपर्क केंद्रमार्फत / (शाळेमार्फत) परीक्षेचे आवेदनपत्र मंडळाकडे रितसर सादर करावे लागेल. त्याशिवाय परीक्षेस प्रविष्ट होता येणार नाही.

आपण फॉर्म नं. १७ मध्ये भरलेल्या संपर्क केंद्रांच्या नावांमधून prakash vidyalaya शाळेची संपर्क केंद्र म्हणून मंडळाने निवड केलेली आहे. आपले नाव नोंदणी प्रमाणपत्र मंडळाने या केंद्राकडे पाठविलेले आहे. त्या नावनोंदणी क्रमांकाची आपल्याकडे नोंद ठेवण्यात यावी, व भविष्यात या क्रमांकानेच मंडळाशी / संपर्क केंद्राशी पत्रव्यवहार करण्यात यावा.

याबाबत अधिक माहिती घेण्यासाठी तसेच प्रशिक्षण शिबिराच्या तारखा व वेळापत्रक इ. माहिती प्राप्त करून घेण्यासाठी आपण mm वार दिनांक 11/11/13 रोजी या संपर्क केंद्रावर उपस्थित राहावे. आपण वरील दिनांकामेळ संपर्क केंद्रावर उपस्थित न राहिल्यास आपणारा उपयुक्त माहिती देता येणार नाही त्यामुळे आपले जे नुकसान होईल त्यास आपण स्वतः जबाबदार राहाल याची नोंद घ्यावी.

कळावे.

encl No.

2452695

संपर्क केंद्रसंचालक,

KAT
HEAD MASTER
PRAKASH VIDYALAYA
DOMBIVLI (EAST)
DIST. THANE

D.S.P.M'S K.V.PENDHARKAR COLLEGE,

ARTS, SCIENCE & COMMERCE

Plot No.SPL4, Opp. MIDC Office City: Dombivli (E), Pin: 421203,
Tehsil:Kalyan, State:Maharashtra

Class M.com AA I Div. A Roll Number _____
(Details of Admission sought in K.V.Pendharkar College)

FORM OF APPLICATION FOR MANUAL / DIGITAL TRANSFERENCE CERTIFICATE

Date: 30/07/2019

From:

Name in full: (Beginning with Surname) PAYARE PAWAN ARUN

To,

The Principal / Registrar,

The SIA college of
Higher Education, MIDC
Area, Dombivli (E.)

Sir / Madam,

I, write to say that I am seeking admission to the F.Y.M.com ~~Part I~~ ^{Advance} ^{Accountancy} Class of the
K.V. Pendharkar College, Dombivli, affiliated University of Mumbai and therefore I request you to
send my Transference Certificate to the Principal / Registrar of K.V. Pendharkar College, Dombivli.

PARTICULARS:-

1. Name of the Class attended : TY. b.com
2. Academic Year : 2018-2019
3. Examination passed/ failed : Examination Passed (April 2019)
/Appeared / ATKT
4. Registration/ PRN (If any) : 2016016401323087
5. Year of Examination : April 2019
6. Seat No. : 1035457
7. Subjects offered : CP, Eco, FA, CA, computer, Tax
8. Date of Birth : 31/03/1999

Yours faithfully,

(P. Arun)
Signature of the student

Address:

161, Swapnapurth Niwal,
Dwark village, Malang
Road, Kalyan E. 421306
Mobile No. : 8369398889

Forwarded with compliment to The Principal/ Registrar, with a request to send his / her
Transference Certificate at the earliest.



(P. Arun)
PRINCIPAL
K. V. PENDHARKAR COLLEGE OF
ARTS, SCIENCE & COMMERCE
D.S.P.M'S K.V. PENDHARKAR COLLEGE
DOMBIVLI (EAST)

D.S.P.M'S K.V.PENDHARKAR COLLEGE,

ARTS, SCIENCE & COMMERCE

Plot No.SPL4, Opp. MIDC Office City: Dombivli (E), Pin: 421203,
Tehsil:Kalyan, State:Maharashtra

Class M.COM(Accountancy) Part-I Div. _____ Roll Number _____
(Details of Admission sought in K.V.Pendharkar College)

FORM OF APPLICATION FOR MANUAL / DIGITAL TRANSFERENCE CERTIFICATE

Date: 26/7/2019

From:

Name in full: (Beginning with Surname) Sali Rupesh Suni


To,
The Principal / Registrar,
The S.I.A College of
Higher Education
Dombivli (East) - 421203
Sir / Madam,

I, write to say that I am seeking admission to the M.Com(Accountancy) Part-I Class of the K.V. Pendharkar College, Dombivli, affiliated University of Mumbai and therefore I request you to send my Transference Certificate to the Principal / Registrar of K.V. Pendharkar College, Dombivli.

PARTICULARS:-

1. Name of the Class attended : T.Y.B.Com
2. Academic Year : 2018-19
3. Examination passed/ failed / Appeared / ATKT : T.Y.B.Com. Sem-VI
4. Registration/ PRN (If any) : 2016016401322557
5. Year of Examination : April 2019
6. Seat No. : 1036190
7. Subjects offered : Com, B.Eco, F.A., Cost, Export, Tax
8. Date of Birth : 21/02/1998

Yours faithfully,


Signature of the student

Address:

204, Jamuna Darshan Bldg,
Opp. old Guardian School, Deshpada,
Dombivli-(E)-421204
Mobile No. : 8369201782

Forwarded with compliment to The Principal/ Registrar, with a request to send his / her Transference Certificate at the earliest.




PRINCIPAL
K.V. PENDHARKAR COLLEGE OF
ARTS, SCIENCE & COMMERCE
DOMBIVLI (EAST)

L.S. RAHEJA SCHOOL OF ARCHITECTURE

RAHEJA EDUCATION COMPLEX, OPP. COLGATE GROUND, KHER NAGAR, BANDRA (E), MUMBAI-400 051
Tel. No. 022-61966666, Email : rahejaarch@lsrsa.edu.in Website : www.lsrarheja.com

Date : _____

APPLICATION FOR TRANSFER CERTIFICATE

From :

Mr./Ms. PRATHAMESH SONIL SHINDE

Residential Address of the Student : Room no 11, Sai Samartha
Chawl, Near Navpada
Dombivili (West)

Tel. No. 9987570645

Mobile No. 9224865759

To,

The Principal

P-88 Gajabhandkar

Partharli, Gymkhana Road

Dombivili (East) Dist Thane

Sir/Madam,

I hereby state that I am seeking admission to the IDD(FYGP1) class in the above college.

I request you to send my Transfer Certificate to **L.S. Raheja School of Architecture, Bandra (E) Mumbai -4000051.**

I attended the TY BCOM class (Div A) during the First/ Second terms of April 2019 of your college and passed/ failed at the examination held by the University in April/ October 2019 (Examination Seat No. 1036243).

Your's Obediently,

PRATHO

(Student's Signature)

[Signature]

Principal



Note : This application form, duly filled in by the concerned student and endorsed by the Principal of this college, MUST be submitted to the Principal of the last college attended by the concerned student along with the T.C. fees.

S.I.E.S. COLLEGE OF MANAGEMENT STUDIES
Sri Chandrasekarendra Saraswathy Vidyapuram
Plot 1-E, Sector V, Nerul, Navi Mumbai - 400 706

show in SIA copy
for TC.

APPLICATION FORM FOR TRANSFERENCE CERTIFICATE

From

Ram Seshadri Usha. B/402,
Sundara Palace CHS, Tilak Full name & present address of the student
Nagar, Pr. R. P. Road, Dombivli (East)

To

The Principal,
The SIA College of Higher Education
Dombivli (East) (Name & full address of the college last attended)

Sir,

I am seeking admission to the S.I.E.S. College of Management Studies, Sri Chandrasekarendra Saraswathy Vidyapuram, Plot 1-E, Sector V, Nerul, Navi Mumbai - 400 706, in the MMS / MCA class and request you to be kind enough to send my Transference Certificate to the Principal of this college. My latest academic record in your college is as under :

1. Full Name : Ram Seshadri Usha
2. Class : MMS Div : _____ Roll No. MF 15040
- Academic year : 2018
3. Last Examination for which application was submitted: 2018
4. Month and year of the Exam : April 2018
5. Seat number of the Exam : 3210577
6. Result at the Exam : Pass
7. Subjects offered at the Exam : Regular OR. Ethics, CCPR, BM, RM, IM,
Media Planning Management.

Date : 20/07/19

Yours Obediently,

(Signature of the Student)

S.I.E.S. College of Management Studies,
Nerul, Navi Mumbai - 400 706.

Date : 20/7/19

Forwarded with compliments to the principal, _____ college, for favour of compliance . In case of degree college students, kindly mention university's letter number and date under which the student's enrolment/eligibility was confirmed.

Date 20/7/19

REGISTRAR
REGISTRAR/PRINCIPAL
SIES COLLEGE OF MANAGEMENT STUDIES
Plot 1-E, Sector 5, Nerul, Navi Mumbai.



College of
Management
Studies

RISE WITH EDUCATION

Sri Chandrasekarendra Saraswathy Vidyapuram,
Plot No.1-E, Sector-V, Nerul (E), Navi Mumbai-400706

2019 - 2021

SIMS. # : 39097

Class : PGDM
B

Roll No : 94

DOB : 28.05.1998

ElGroup : O +ve



HARINI NATARAJAN

Mobile : 7738935175

Address : 1/7 JAILAXMI CHS, THAKURWADI,
MUMBAI (WEST) - 421202, 7738935175

R. Narayan
Director

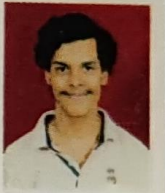




The S.I.A College of Higher Education

P-88, Gajabandhan Patharli, Gymkhana Road, Dombivli East. Dist.
Thane. Pin 421203 0251-2449893

Name : . **RAVI SESHADRI USHA**



Std. **MSCIT-II** Div. : **A** Roll No. : **PI18001**

Student ID : **7953** Contact No. **9757379500**

DOB : **21/06/1997**

B-402, SUNDARA PALACE CHS, TILAK NAGAR,
DR.R.P.ROAD, DOMBIVLI (EAST) DOMBIVLI Maharashtra-421201

Radhaji

Principal

Academic Year : **2019 - 2020**

2 Important instructions

1. This card is not transferrable. You must always carry it with you whenever you visit the Institute and must produce it when demanded.
2. You must return the card to the Institute whenever you cancel your admission to the course.
3. Visit the IDOL website mu.ac.in/idol in the month of July/August for details of the October/November Examination and in December/ January for details of the April Examination.
4. Preserve this card carefully till you complete and pass out the respective course. Present this at the time of Personal contacts programme IDOL.

Website : <http://mu.ac.in/portal/distance-open-learning/>

1

INSTITUTE OF DISTANCE AND OPEN LEARNING

UNIVERSITY OF MUMBAI

Dr. Shankal Dayal Sharma Bhavan, Kalina, Vidyanagari,
Santacruz (East), Mumbai - 400098

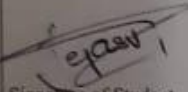


IDENTITY CARD

(Provisional)
Class: M.Com I
2019-2020

3

Full Name: DEVADIGA TEJASWI JAYANT
Class: M.Com I
PRN:
Case: TC
Application ID: 254042
Fee Paid amount: 6165
Fee Paid Date: 27/08/2019


Signature of Student

4



Residential Address: A-14, shree Ganesh Krupa, Mhatre nagar, Rajaji path
E-mail: tejaswi.devadiga99@gmail.com
Telephone No.:
Mobile No: 9769154497

Date Of Issue: 12/12/2019



Director Sign

12/23/2020

Fees Receipt



Dombivli Shikshan Prasarak Mandal

K. V. Pendharkar College of Arts, Science and Commerce

Plot No. SPL-4, Opposite MIDC Office, Dombivli (E) - 421203, Dist - Thane

ACADEMIC SESSION: 2020 | 2020 - 2021

Name	SHAW SATYA LALLAN SAROJ			
Course	FY - MCOM IN BANKING AND FINANCE	Unique ID	20210003642	
Receipt Date	23/12/2020	Receipt No	19	
Fees Head	Total Amount	Paid Amount		
IDENTITY CARD & LIBRARY CARD FEE	100	100		
ADMISSION PROCESSING FEE	200	200		
ALUMNI ASSOCIATION FEE	50	50		
ASHWAMEDHA FEE	20	20		
CAUTION MONEY	150	150		
COMPUTER PRACTICAL COMPUTER FEE	1500	1500		
DISASTER RELIEF FUND	10	10		
DOCUMENT VERIFICATION FEE	400	400		
E-CHARGES	20	20		
EXAM & MARKSHEET FEES	3152	3152		
GYMKHANA FEE	400	400		
INDRADHANUSHYA FEE	30	30		
LIBRARY DEPOSIT	250	250		
MOBILE APP FEE	150	150		
OTHER FEES/ EXTRA CURRICULAR ACTIVITIES	250	250		
REGISTRATION FEE	825	825		
STUDENT WELFARE FUND	50	50		
UNIVERSITY SPORTS AND CULTURAL ACTIVITY	30	30		
UTILITY FEE	250	168		
VICE CHANCELLORS FUND	20	20		
	Total Fee	15547		
	Total Paid	7775		
	Balance Amount	7772		
Pay Mode Information				
Payment Mode.	Bank Name	Reference Number	Date	Total Amount
* CASH		0	23/12/2020	7775
Amount In Words		Seven Thousand Seven Hundred Seventy Five Only		



MUMBAI - 400 077.

Date : 06-08-2019

From :

Name of the student NIDHI UDAY MEHENDALE

and address A-8, Mandarmala Society, Gupte Cross Road
Vishrunagar, Dombivli (West)

To

The Principal,

THE S.I.A COLLEGE OF HIGHER EDUCATION

(Last College attended)

Sir,

I, beg to state that I am seeking admission to the M.C.A.

class at K. J. Somaiya Institute of Management Studies & Research therefore, I request you to kindly send my Transference Certificate to the Director, of above college. I remit herewith Rs. being the fee for the Transference Certificate.

I attended the B.Sc. (IT) Class in your College during 2016-2019
and Passed : at the BSC (IT) Final Examination held May 2019
Failed :

My Roll No. was 16028

My Exam Seat No. was 3040493

Date of Birth : 22/09/1999

Nidhi Mehendale

Yours obediently

K. J. Somaiya Institute of Management Studies & Research
Vidyanagar, Vidyavihar, Mumbai - 400 077.

Date : 06/08/2019

Forwarded with compliments to the Principal,
College, for favour of compliance.

[Signature]
06/08/2019

Director

for

DIRECTOR
K. J. SOMAIYA INSTITUTE OF MANAGEMENT
STUDIES AND RESEARCH,
VIDYANAGAR, VIDYAVIHAR,
BOMBAY - 400 077.



PGDM offer letter

1 message

SIESCOMS Nerul <admissions@siescoms.edu>
Bcc: shreyasrinivasan98@gmail.com

Mon, Jun 15, 2020 at 4:09 PM

Dear Candidate,

Sub: Admission Offer for -Post Graduate Diploma in Management

Congratulations. We are pleased to offer you provisional admission in AICTE approved PGDM program of SIES School of Business Studies. Kindly note that your admission will be valid subject to you fulfilling eligibility conditions stipulated by AICTE and submission of the following documents before commencement of classes. Class commencement schedule will be sent shortly.

- Original and attested copies of marks sheet of SSC, HSC, and Graduation (Final year students must submit marksheets on or before 31st December 2020)
- GD&PI admit card & Score card of competitive test
- Work experience certificate in original and attested copy of the same, if applicable.
- Date of birth proof and Copy of Aadhar Card
- Domicile certificate and affidavit (Tamil Minority/other linguistic minority category)
- Printout of uploaded application form

Kindly accept the admission offer by paying Rs. 1,00,000/- (Rs. One lac only) towards seat confirmation & tuition fees for your provisional admission by June 23, 2020. This amount will be adjusted towards the overall fees of the program for the first year. Further details on the balance fee payment will be communicated after receipt of seat confirmation fee.

The fees can be paid by way of Online transfer or Demand Draft favouring SIES College of Management Studies. Details for online transfer are as under:

Name of the Bank: Indian Bank
Branch: SIES Campus, Sec-V, Nerul East, Navi Mumbai 400706
SB Account No: 855831103
IFSC Code: IDIB000N110

Please share the transaction reference number (UTR No) at admissions@siescoms.edu immediately after online transfer has been made by you. This will help us track your payment. The refund rules will be as per AICTE guidelines. Please feel free to call us our office on 022-27708333 or you may also contact Mr. Chandrasekar – Registrar on 93230 39357 for any clarification.

We welcome you to our institute and wish you all the best.

Regards,

Dr. Bigyan Verma
Director

"This email and any files transmitted with it are confidential and intended solely for the use of the individual or entity to whom they are addressed. If you have received this email in error please notify the system manager. This message contains confidential information and is intended only for the individual named. If you are not the named addressee you should not disseminate, distribute or copy this e-mail. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system. If you are not the intended recipient you are notified that disclosing, copying, distributing or taking any action in reliance on the contents of this information is strictly prohibited.

Any views or opinions presented in this email are solely those of the author and do not necessarily represent those of the SIES College of Management Studies."



SYMBIOSIS INTERNATIONAL (DEEMED UNIVERSITY)

(Established under Section 3 of the UGC Act, 1956)

Re-accredited by NAAC with 'A' grade (3.58/4) | Awarded Category - I by UGC

Founder: Prof. Dr. S. B. Mujumdar, M. Sc., Ph. D. (Awarded Padma Bhushan and Padma Shri by President of India)

PROVISIONAL ADMISSION LETTER

Date: 08.03.2019

SNAP ID : 190152757

Admission Category : OPEN

GE-PIWAT ID : 09M2PP0807

Institute : Symbiosis Institute of Computer Studies & Research (SICSR)

Programme : MBA-IT



Dear DESAI PRASAD PRADEEP ,

Congratulations!

We are pleased to inform you that you have been selected for admission to the 2 year full time MBA-IT 2019-2021 at Symbiosis Institute of Computer Studies & Research (SICSR).

Please note that this admission is provisional and will be confirmed on payment of fees (**As per Annexure 1**) on or before **23-March-2019, 5.00 P.M.** and subject to fulfilment of eligibility conditions (**As per Annexure 2**) and in accordance with the rules of the Symbiosis International (Deemed University). The institute will provide shared hostel accommodation to all students who will be admitted to the programme.

As an institute of the prestigious Symbiosis International (Deemed University), we would provide you with a conducive learning environment which will help you to always be abreast of changing global practices and give you a head start in your chosen field of work. Your faculty will be the best of class, drawn from accomplished academicians and practicing professionals with rich and varied experience.

Your programme commences on: **3 June 2019**. Please go through the various details given in the Post Graduate Prospectus and SICSR's website.

You are advised to bring all relevant self-attested documents as mentioned in Annexure 2 for submission on the day of commencement of your programme.



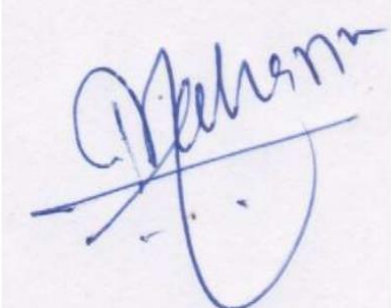
We look forward to having you amidst us. Welcome to Symbiosis!

With Best Wishes,



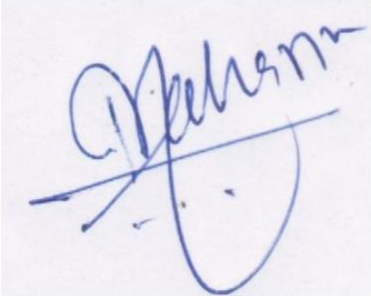
Harshad Gune

**Officiating Director
SICSR, Pune**

09/12/2020

<p>2</p> <p style="text-align: center;">Important instructions</p> <p>1. This card is not transferrable. You must always carry it with you whenever you visit the Institute and must produce it when demanded. 2. You must return the card to the Institute whenever you cancel your admission to the course. 3. Visit the IDOL website mu.ac.in/idol in the month of July/August for details of the October/November Examination and in December/ January for details of the April Examination. 4. Preserve this card carefully till you complete and pass out the respective course. Present this at the time of Personal contacts programme IDOL.</p> <p style="text-align: center;">Website : http://old.mu.ac.in/portal/distance-open-learning/</p>	<p>1</p> <p style="text-align: center;">INSTITUTE OF DISTANCE AND OPEN LEARNING UNIVERSITY OF MUMBAI Dr. Shankal Dayal Sharma Bhavan, Kalina, Vidyanagari, Santacruz (East), Mumbai – 400098</p> <div style="text-align: center;"> <small>Institute of Distance and Open Learning (IDOL) University of Mumbai</small></div> <p style="text-align: center;">IDENTITY CARD (Provisional) Class: M.Com I 2020-2021</p>
<p>3</p> <p>Full Name: BHAGWAT MANGESH PRAKASH Class: M.Com I PRN: Case: TC Application ID: 164938 Fee Paid amount: 6090 Fee Paid Date: 18/11/2020</p> <p>Signature of Student</p>	<p>4</p> <div style="text-align: center;"></div> <p>Residential Address: 201/2 FLOOR SHIV BALAJI KRUPA C.H.S Shreedhar Mathre Wadi, Karve Road E-mail: bhagwatmangesh124@gmail.com Telephone No.: Mobile No: 7678009452</p> <div style="text-align: center;"></div> <p>Date Of Issue: 09/12/2020</p> <p style="text-align: right;">Director Sign</p>

11/20/2020

<p>2</p> <p style="text-align: center;">Important instructions</p> <p>1. This card is not transferrable. You must always carry it with you whenever you visit the Institute and must produce it when demanded.</p> <p>2. You must return the card to the Institute whenever you cancel your admission to the course.</p> <p>3. Visit the IDOL website mu.ac.in/idol in the month of July/August for details of the October/November Examination and in December/ January for details of the April Examination.</p> <p>4. Preserve this card carefully till you complete and pass out the respective course. Present this at the time of Personal contacts programme IDOL.</p> <p style="text-align: center;">Website : http://old.mu.ac.in/portal/distance-open-learning/</p>	<p>1</p> <p style="text-align: center;">INSTITUTE OF DISTANCE AND OPEN LEARNING UNIVERSITY OF MUMBAI Dr. Shankal Dayal Sharma Bhavan, Kalina, Vidyanagari, Santacruz (East), Mumbai – 400098</p> <div style="text-align: center;"> <small>Institute of Distance and Open Learning (IDOL) University of Mumbai</small></div> <p style="text-align: center;">IDENTITY CARD (Provisional) Class: M.Com I 2020-2021</p>
<p>3</p> <p>Full Name: NIMISHIKA MANIKANTAN Class: M.Com I PRN: Case: TC Application ID: 168120 Fee Paid amount: 6090 Fee Paid Date: 19/11/2020</p> <p>Signature of Student</p>	<p>4</p> <div style="text-align: center;"></div> <p>Residential Address: 202 Trimbak Ashray Behind Mahila Samiti English High School Thakurli (E) E-mail: nimishika29@gmail.com Telephone No. : Mobile No: 8454060027</p> <div style="text-align: center;"></div> <p>Date Of Issue: 20/11/2020</p> <p style="text-align: right;">Director Sign</p>

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From :	CHAUGULE	PRACHI	NILESH	College Code : 279
Shri / Smt. / Kum. :	(Surname)	(Own Name)	(Father's/Husband's Name)	SUPRIYA (Mother's Name)
Residential address of the student:	B4, Om Bhagwati Dr.D.D.Cross Road , 0, Kalyan, Thane, Dombivli, Maharashtra			
	Pincode. 421202	Contact no. 8451805033		

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): **S I A COLLEGE OF HIGHER EDUCATION ,
 S I A College of Higher Education, Sagarli, Dombivli East**

Sir / Madam,

I am to state that I have taken provisional admission to the M.Com I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **BCOM** Class (Roll No. **3**) during the First/Second Terms of the Academic year **2014-2015** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **August 2017** Examination (Seat No. **6272328**)

My Date of Birth is **27/08/1996**

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate** directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:

(Handwritten Signature)

(Handwritten Signature)
 (Student's
 Signature)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From:

Sr. Smt. KUM.

College Code : 279

Residential address of the student:

TAMBAL
(Surname)

ADITYA
(Own Name)

RAMCHANDRA
(Father's/Husband's Name)

RAJASHREE
(Mother's Name)

Room No.9 Sudham Mhatre Chawl Kopar Road , 0, , Thane, Dombivali, Maharashtra
Pincode: 421202 Contact no. 7710808305

To,

The principal / head of the University Dept.

(Full Name and Address of the last attended College / University Dept.): S I A COLLEGE OF HIGHER EDUCATION ,
S I A College of Higher Education, Sagarli, Dombivli East

Sr. Madam,

I am to state that I have taken provisional admission to the M.Com I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the BCOM Class (Roll No. III) during the First/Second Terms of the Academic year 2014-2015 at your College and (passed/failed was awarded A.T.K.T.) at the examination held by the University Dept. / College in October 2018 Examination (Seat No. J008939)

My Date of Birth is 22/08/1996

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

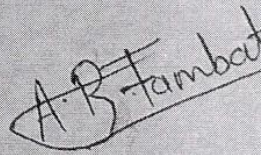
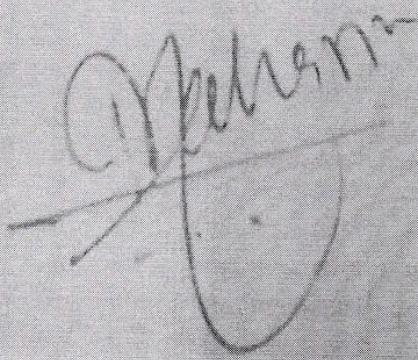
I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You.

Verified by

Yours obediently

Date:



(Student's
Signature)



MODEL COLLEGE

Accredited 'A' Grade by NAAC

FORM OF APPLICATION FOR TRANSFERENCE CERTIFICATE

Date: 19/01/2021

Name in Full: Chauhan Rajesh Ramdulare
(Beginning with Surname)

To,
The Principal / Registrar,

The S.I.A. College of Higher Education,
Gymkhana Road,
MIDC, Dombivli (East)

Sir,

I write to say that I am seeking admission to the M. com (Banking & Finance) class of the Mumbai University & therefore I request you to send my Transference Certificate to the Principal / Registrar Model College, Dombivli (E);

PARTICULARS

- 1) Name of the Class Attended : B. Com (~~State~~)
- 2) Academic Year : 2018 - 2019
- 3) Examination Passed / Failed / ATKT : (2019) Passed.
- 4) Year of Examination : 2019
- 5) Seat No. : 1165024
- 6) Subjects Offered : Commerce - V, Fin. Acc & Auditing - VII, Direct & Indirect Tax - I, Bus Economics, Fin Acc & Aud - VIII, Export marketing.

Your's faithfully

Rajesh

(SIGNATURE OF THE APPLICANT)

Forwarded with compliment of the Principal / Registrar, with a request to send his/her Transference Certificate at the earliest.

A In charge Principal

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shrihar Dayal Sharma Bhawan,

Vidyanagar, Sakinaka (East), Mumbai - 400098

Application for Transference Certificate from the last attended College / University Department

Name

(Surnames)

NADAR

(Surname)

ROSI

(Own Name)

SILAN

(Father's/Husband's Name)

PADMA

(Mother's Name)

College Code: 279

Residential address of the student

Chandrakant CHS Yashwant Nagar, 0, Kalyan, Thane, Dombivli, Maharashtra

Pincode: 421201

Contact no: 7039554853

To,

The principal/Head of the University Dept

(The Name and Address of the last attended College / University Dept): SIA COLLEGE OF HIGHER EDUCATION,

Dombivli East

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No-Objection Certificate dated / Issued to me by the College / University Dept.

I attended the **B.Com** Class (Roll No. **2014016401044782**) during the First/Second Terms of the Academic year **2016-2017** at your College and (passed/failed) was awarded **A.T.K.T** at the examination held by the University Dept. / College in **May 2017** Examination (Seat No. **6271740**).

My Date of Birth is **05/05/1977**

With enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

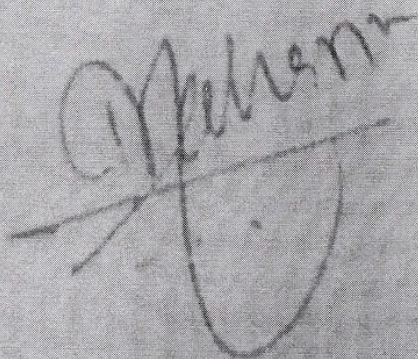
I am to request to send my **Transference Certificate** directly to the **Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagar, Sakinaka (East), Mumbai - 400 098** at the earliest.

Thanking You,

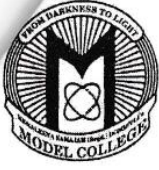
Verified by

Yours obediently

Date



(Student's
Signature)



KERALEEYA SAMAJAM (REGD) DOMBIVLI'S
MODEL COLLEGE
Accredited 'A' Grade by NAAC

**FORM OF APPLICATION
FOR
TRANSFERENCE CERTIFICATE**

Date: 20/11/2021.

Name in Full: Bhakti Dilip Thakker
(Beginning with Surname)

To,
The Principal / Registrar,
The SJA College of Higher
education (Dombivli, E)

Sir,
I write to say that I am seeking admission to the M.Com Management Class of the Mumbai University
& therefore I request you to sent my Transference Certificate to the Principal / Registrar Model College, Dombivli (E);

PARTICULARS

- 1) Name of the Class Attended : Business Management studies.
- 2) Academic Year : April 2016 (2015-2016)
- 3) Examination Passed / Failed / ATKT : Examination passed.
- 4) Year of Examination : April 2016
- 5) Seat No. : 1092369
- 6) Subjects Offered : Ent. Management of small and medium Ent
operation research, International Finance,
Indian Management Thought and practices, International marketing,
Retail management,
Investment Analysis and Port.
Management

Your's faithfully

Bhakti Thakker

(SIGNATURE OF THE APPLICANT)

Forwarded with compliment of the Principal / Registrar, with a request to send his/her Transference Certificate at



Accredited 'A' Grade by NAAC

Model College.

FORM OF APPLICATION
FOR
TRANSFERENCE CERTIFICATE

Date: 19/01/2021

Name in Full: Deo Siddh Nitin
(Beginning with Surname)

To,
The Principal / Registrar,

The S.T.A. College of Higher Education
Symkhan Road, MIDC,
Dombivli (East)

Sir,

I write to say that I am seeking admission to the M.Com (B&F) Class of the Mumbai University
& therefore I request you to send my Transference Certificate to the Principal / Registrar Model College, Dombivli (E);

PARTICULARS

- 1) Name of the Class Attended : B.com (B&I)
- 2) Academic Year : 2018-19
- 3) Examination Passed / Failed / ATKT : Passed
- 4) Year of Examination : 2019
- 5) Seat No. : 1133868
- 6) Subjects Offered : Central Banking, SAPM, Auditing (II)
HRM, Marketing in B&I

Your's faithfully

Siddh
(SIGNATURE OF THE APPLICANT)

Forwarded with compliment of the Principal / Registrar, with a request to send his/her Transference Certificate at the earliest.



PARLE TILAK VIDYALAYA ASSOCIATION'S
MULUND COLLEGE OF COMMERCE

(Affiliated to the UNIVERSITY OF MUMBAI)
SAROJINI NAIDU ROAD, MULUND (WEST), MUMBAI - 400 080.
Tel.: 2560 0017, 2565 0257 • Fax : 2568 5550
NAAC ACCREDITED GRADE "A"
(Cycle-I 2004, Cycle-II 2011, Cycle-III 2016)
E-mail : mccmulund@gmail.com • Website : www.mccmulund.ac.in

December 30, 2020

From
Prajapati Darsh Shailesh

To,

The Principal,
The S.I.A College
Gymkhana Road Azde
Gaon ,Gograswadi
Dombivli East
421203

Sir / Madam,

I am seeking admission to the **M.Sc (IT) Part I** Class in the PTVA's Mulund College of Commerce and request you to send my Transfer Certificate to the Principal of this college.

I attended the **T.Y.B.Sc IT / T.Y.B.Sc. CS** Class Roll No. IF17044 in your College during the First and Second terms of the year 2019 - 2020 and have passed the programme.

Yours faithfully,

(Signature of the Student)

Forwarded with complements to the Principal, The S.I.A College for favour of compliance.

Principal

Date: December 30, 2020



PARLE TILAK VIDYALAYA ASSOCIATION'S
MULUND COLLEGE OF COMMERCE

(Affiliated to the UNIVERSITY OF MUMBAI)
SAROJINI NAIDU ROAD, MULUND (WEST), MUMBAI - 400 080.
Tel.: 2560 0017, 2565 0257 • Fax : 2568 5550
NAAC ACCREDITED GRADE "A"
(Cycle-I 2004, Cycle-II 2011, Cycle-III 2016)
E-mail : mccmulund@gmail.com • Website : www.mccmulund.ac.in

December 28, 2020

From

Sawant Shubham Sunil

To,

The Principal,
The SIA College of Higher Education
Gymkhana Rd, Azde Gaon, Gograswadi,
Dombivli East, Thane,
Maharashtra, 421203

Sir / Madam,

I am seeking admission to the **M.Sc (IT) Part I** Class in the PTVA's Mulund College of Commerce and request you to send my Transfer Certificate to the Principal of this college.

I attended the **T.Y.B.Sc IT / T.Y.B.Sc. CS** Class Roll No. **IF17053** in your College during the First and Second terms of the year 2019 - 2020 and have passed the programme.

Yours faithfully,

Shubham

(Signature of the Student)

Forwarded with complements to the Principal, **The SIA College of Higher Education** for favour of compliance.

feduchar

Principal

Date: December 28, 2020

UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From :

Shri / Smt. /Kum. .

HALKATTI

(Surname)

NIKHIL

(Own Name)

VIRENDRA

(Father's/Husband's Name)

ANJALI

(Mother's Name)

College Code : 279

Residential address of the student:

B/201, Rajdharm Apartment Kopar Road, Behind Apurva Hospital , 0, Kalyan, Thane, Dombivli West, Maharashtra

Pincode: **421202**

Contact no. **8976728890**

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): **THE SIA COLLEGE OF HIGHER EDUCATION , Gymkhana Rd, Azde Gaon, Gograswadi, Dombivli East, Dombivli, Maharashtra 421203**

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **COMMERCE** Class (Roll No. **2017016401259504**) during the First/Second Terms of the Academic year **2017-2018** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **October 2020** Examination (Seat No. **1035733**)

My Date of Birth is 11/12/1999

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

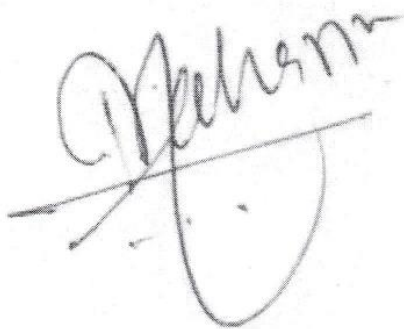
I am to request to sent my **Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098** at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From :
Shri / Smt. / Kum. .

Residential address of the
student.

SHINDE
(Surname)

Vitthal Plaza, 2, A-204 Kalyan ROAD, Near Laxmi Park, Kanchanganon , 0, Kalyan, Thane, DOMBIVLI
EAST, Maharashtra
Pincode: 421201

RADHIKA
(Own Name)

Contact no. 9082449922

JAGDISH
(Father's/Husband's Name)

College Code : 279
SUNITA
(Mother's Name)

DOMBIVLI

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept): **THE SIA COLLEGE OF HIGHER EDUCATION ,
GYMKHANA ROAD, SAGARLI, DOMBIVLI EAST**

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **B.Com** Class (Roll No. **2017016401818054**) during the First/Second Terms of the Academic year **2017-2018** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **October 2020** Examination (Seat No. **1036155**)

My Date of Birth is **30/07/1998**

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

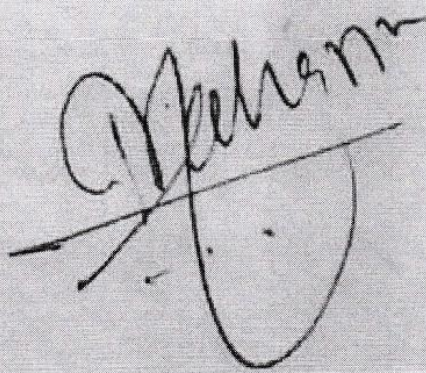
I am to request to sent my **Transference Certificate** directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student
Signature)



KERALEEYA SAMAJAM (REGD) DOMBIVLI'S
MODEL COLLEGE
Accredited 'A' Grade by NAAC

FORM OF APPLICATION
FOR
TRANSFERENCE CERTIFICATE

Date: 30/1/21

Name in Full: Mouya Rohini Premnarayan
(Beginning with Surname)

To,
The Principal / Registrar,

The S.I.A College of Higher Education
Gyankhanna Road
MIDC Dombivli (East)

Sir,

I write to say that I am seeking admission to the M.Com (B&F) Class of the Mumbai University
& therefore I request you to sent my Transference Certificate to the Principal / Registrar Model College, Dombivli (E).

PARTICULARS

- 1) Name of the Class Attended : B.Com
- 2) Academic Year : 2019-2020
- 3) Examination Passed / Failed / ATKT : 2020
- 4) Year of Examination : 2020
- 5) Seat No. : ~~3039339~~ 1035942
- 6) Subjects Offered : Comm-VI ; B: Fro-VI, Fin: Acc & Audit ~~ATK~~; Direct & Indirect Taxation Paper - II, Export Financial Acc & Audit x Cost; marketin^g

Your's faithfully

Rohini

(SIGNATURE OF THE APPLICANT)

Forwarded with compliment of the Principal / Registrar, with a request to send his/her Transference Certificate at the earliest.

A

28/2020

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : College Code : 279
Shri / Smt. /Kum. . **GADA** **RUCHI** **DILIP** **KAMINI**
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of **B/06 OM TRISHUL, BABA SAHEB JOSHI MARG, CROSS PHADKE ROAD, DOMBIVLI EAST. BHUJ,**
the student: **KUTCH , 0, Kalyan, Thane, DOMBIVLI, Maharashtra**
Pincode: 421201 Contact no. 9082097779

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): **THE SIA COLLEGE OF HIGHER EDUCATION ,**
M.I.D.C DOMBIVLI EAST

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **B.COM** Class (Roll No. **CF17225**) during the First/Second Terms of the Academic year **2019-2020** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **October 2020** Examination (Seat No. **1036514**)

My Date of Birth is 11/07/2000

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.


I am to request to sent my **Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.**

Thanking You,

Verified by

Yours obediently

Date:



(Student's
Signature)



KERALEEYA SAMAJAM (REGD) DOMBIVLI'S
MODEL COLLEGE
Accredited 'A' Grade by NAAC

**FORM OF APPLICATION
FOR
TRANSFERENCE CERTIFICATE**

Date : 30/1/21

Name in Full : Singh Aniketkumar Rajeshkumar
(Beginning with Surname)

To,
The Principal / Registrar,

The S.T.A College of Higher Education
Gymkhana Road
MIDC Dombivli [E]

Sir,

I write to say that I am seeking admission to the M.com [B&F] Class of the Mumbai University
& therefore I request you to sent my Transference Certificate to the Principal / Registrar Model College, Dombivli (E);

PARTICULARS

- 1) Name of the Class Attended : B.com
- 2) Academic Year : 2019-2020
- 3) Examination Passed / Failed / ATKT : 2020
- 4) Year of Examination : 2020
- 5) Seat No. : 1036170
- 6) Subjects Offered : Comm VI ; B.Ecom-VI, Fin Acc & Audit I x ; Direct & Indirect II Fin Acco & Audit ; Export II mark

Your's faithfully

Aniket

(SIGNATURE OF THE APPLICANT)

Forwarded with compliment of the Principal / Registrar, with a request to send his/her Transference Certificate at



KERALEEYA SAMAJAM (REGD) DOMBIVLI'S
MODEL COLLEGE
Accredited 'A' Grade by NAAC

**FORM OF APPLICATION
FOR
TRANSFERENCE CERTIFICATE**

Date : 5/2/2021

Name in Full : Nargis Selvan Nadar

(Beginning with Surname)

To,

The Principal / Registrar,

The S-I-A college of higher education

Gyankhara road,

MIDC, Dombivli (East)

Sir,

I write to say that I am seeking admission to the M.Com (Banking & Finance) Class of the Mumbai University

& therefore I request you to sent my Transference Certificate to the Principal / Registrar Model College, Dombivli (E):

PARTICULARS

- 1) Name of the Class Attended : B.Com
- 2) Academic Year : 2019-2020
- 3) Examination Passed / Failed / ATKT : 2020 passed
- 4) Year of Examination : 2020
- 5) Seat No. : 1035951
- 6) Subjects Offered : Commerce-V, Fin. Acc & Auditing -VII,
Direct & Indirect Tax-I, BISS, Economics
Fin Acc & Aud -VIII, Export marketing

Your's faithfully

Nargis

(SIGNATURE OF THE APPLICANT)

Forwarded with compliment of the Principal / Registrar, with a request to send his/her Transference Certificate at the earliest.

IP:- 103710152492

Vivekanand Education Society's
Institute of Management Studies & Research

495-497, Collectors Colony, Near Municipal School, Chembur, Mumbai -400074
Telephone No: 2553 71 10/ 2553 13 96 Fax No: 2553 81 11

Date: _____

Student Full Name: NAYAK DEEPA DAMODAR

(Beginning with surname)

To,

The Principal,

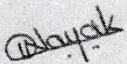
THE SEA COLLEGE OF HIGHER EDUCATION,
AZDE GAON, GOGRASWADI,
DOMBIVLI, 421203

Sir,

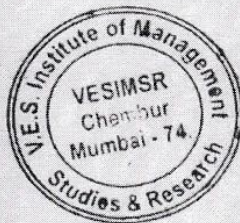
I am seeking admission to the M.M.S Course in VES Institute of Management Studies & Research, Chembur, Mumbai 400 074 and request you to send my Transfer Certificate to the principal of this Institute.

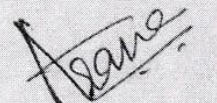
I attended the BSc IT Roll No IF16037 in your college during the year 2016-2019 and passed/failed at BACHEIOR OF SCIENCE IN INFORMATION TECHNOLOGY examination of Oct/March 2019 University Exam Seat No. 3040521

Yours faithfully,



(Signature of the student)




Deputy Registrar



KERALEEYA SAMAJAM (REGD) DOMBIVLI'S
MODEL COLLEGE
Accredited 'A' Grade by NAAC

**FORM OF APPLICATION
FOR
TRANSFERENCE CERTIFICATE**

Date: 30/01/2021

Name in Full: PADMAL RUCHITA SANDEEP
(Beginning with Surname)

To,
The Principal / Registrar,


THE SIA COLLEGE OF HIGHER EDUCATION
SAGARLI, NR. BALAJI MANDIR
DOMBIVLI (EAST) - 421201

Sir,

I write to say that I am seeking admission to the MCDM- B3TF Class of the MUMBAI University
& therefore I request you to sent my Transference Certificate to the Principal / Registrar Model College, Dombivli (E);

PARTICULARS

- 1) Name of the Class Attended : TYBCOM (BANKING & INSURANCE)
- 2) Academic Year : 2018-2019
- 3) Examination Passed / Failed / ATKT : 2019
- 4) Year of Examination : 2019
- 5) Seat No. : 1133907
- 6) Subjects Offered : CO, SAPM, Marketing, HRM,
Auditing - II


Your's faithfully

(SIGNATURE OF THE APPLICANT)

Forwarded with compliment of the Principal / Registrar, with a request to send his/her Transference Certificate at

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From :

Shri / Smt. /Kum. .

SHAH

PARUL

ANIL

College Code : 279

BHAKTI

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

Q WING 502 NAYNEET NAGAR DESLE PADA INSIDE LODHA HERITAGE , 0, Kalyan, Thane,
DOMBIVLI, Maharashtra

Pincode: 421201

Contact no. 7738792327

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): THE S.I.A COLLEGE OF HIGHER EDUCATION ,

NA

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **B.COM** Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **October 2020** Examination (Seat No. **1037208**)

My Date of Birth is 23/02/2000

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

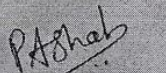
I am to request to sent my **Transference Certificate** directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Parul. Shah


(Student's
Signature)

Date: 28/01/2021

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From				College Code: 279
Sr./ Smt. / Kum.	PITALE	CHAITANYA	RAJENDRA	RADHIKA
	(Surname)	(Own Name)	(Father's/Husband's Name)	(Mother's Name)
Residential address of the student	401, Sal Darshan, Anand Nagar, Dombivli PD Road Dombivli, 0, Kalyan, Thane, Dombivli, Maharashtra			
	Pincode: 421202	Contact no. 9867248580		

To,
The principal / head of the University Dept.
(Full Name and Address of the last attended College / University Dept.) SIA COLLEGE OF HIGHER EDUCATION,
NA

Sir / Madam,
I am to state that I have taken provisional admission to the M.Com I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the B.Com Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T) at the examination held by the University Dept. / College in October 2020 Examination (Seat No. 1037094)

My Date of Birth is 06/04/2000

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s

I am to request to send my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

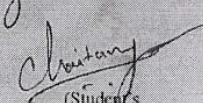
Thanking You,

Verified by

Yours obediently

Date 28/01/2021



Chaitanya R. Pitale

(Student's Signature)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santaacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : Shri / Smt. /Kum. . PAL SUSHIMA JANARDAN NANDA
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: 403 SHRI SAMARTH KARUPA OLD DOMBIVALI RD NEAR TULSIRAM JOSHI BUNGLOW SHASTRI NAGAR
DOMBIVLI WEST , 0, Kalyan, Thane, DOMBIVLI, Maharashtra
Pincode: 421202 Contact no. 7039217523

College Code : 279

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): THE SIA COLLEGE OF HIGHER EDUCATION ,
Gymkhana Rd, Azde Gaon, Gograswadi, Dombivli East, Dombivli, Maharashtra 421203

Sir / Madam,

I am to state that I have taken provisional admission to the M.Com I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the B.COM Class (Roll No. 2017016401261341) during the First/Second Terms of the Academic year 2017-2018 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in October 2020 Examination (Seat No. 1036974)

My Date of Birth is 12/10/1998

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

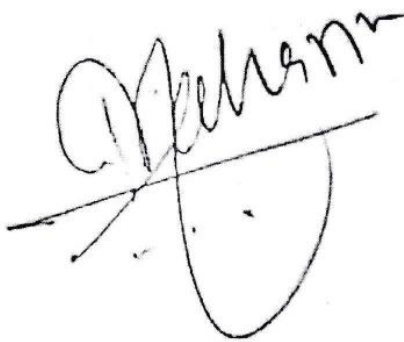
I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santaacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student's
Signature)



KERALEEYA SAMAJAM (REGD) DOMBIVLI'S
MODEL COLLEGE
 Accredited 'A' Grade by NAAC

**FORM OF APPLICATION
 FOR
 TRANSFERENCE CERTIFICATE**

Date 09-02-2021

Name in Full: Enck J Naranjan
 (Beginning with Surname)

The Principal / Registrar,
S.T.A Dombivli (E)

Sir,
 I write to say that I am seeking admission to the Mcom (Baud I) Class of the Mumbai University
 & therefore I request you to send my Transference Certificate to the Principal / Registrar Model College, Dombivli (E).

PARTICULARS

- 1) Name of the Class Attended : B.Com
- 2) Academic Year : 2017 - 2020
- 3) Examination Passed / Failed / ATKT : Passed
- 4) Year of Examination : 2020
- 5) Seat No : 1036510
- 6) Subjects Offered : Commerce, Business Economics, Financials,
 Costing, Computer I.T., Direct and Indirect
 TAX

Your's faithfully
Enck J
 (SIGNATURE OF THE APPLICANT)

Forwarded with compliment of the Principal / Registrar, with a request to send his/her Transference Certificate at the earliest.

In-charge Principal
 Model College
PRINCIPAL (E)
 MODEL COLLEGE, DOMBIVLI

090685



Thakur Educational Trust (Regd.)

THAKUR COLLEGE OF SCIENCE & COMMERCE **tcsc**

(NAAC Re-Accredited & ISO 9001:2008 Certified)

Shyamnarayan Thakur Marg, Thakur Village, Kandivli (East), Mumbai - 400 101.
Tel. : 2846 2565 / 2887 0627 • Fax : 2886 8822 • E-mail : tcsc@tcsc.org.in

Application Form for claiming ON LINE DIGITAL OR OFF LINE TRANSFERENCE CERTIFICATE from the college last attended

From

Students's Name : Sri / Kum. Nidhi Shyamdhay Mishra.

To,

The Principal, The S.I.A College of Higher Edu.
Sagarli Road, Dombivli (E).

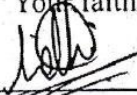
Sir / Madam,

I beg to state that I am seeking admission to the M.Sc IT class in the
THAKUR COLLEGE OF SCIENCE & COMMERCE, Thakur Village, Kandivali (East),
Mumbai - 400 101.

I request you to kindly send my ON LINE DIGITAL OF OFF LINE TRANSFERENCE
CERTIFICATE to the Principal of the said college.

I attended the B.Sc IT Class, Division A Roll No. 1F17026
in your college during First & Second terms of the academic year 2019-20
and Passed / ~~Failed~~ / Not appeared at Mumbai University.
Examination of ~~March~~ / October 19-20

Your faithfully,


Signature of the student

Forwarded with compliments for favour of compliance -

- 1) The Students's date of birth may kindly be supplied.
- 2) An amount of ₹ 150/- is sent herewith if being sent separately by money order.
- 3) The student, with whom this application is sent has been instructed to pay the amount of transference certificate fees your college office.



PRINCIPAL

DATE : 26/11/20



UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From :			College Code : 279
Shri / Smt. /Kum. .	JAMSANDEKAR	VAISHNAVI	MANIK
	(Surname)	(Own Name)	(Father's/Husband's Name)
Residential address of the student:	B/103,MAYURESH DARSHAN, P&T COLONY, GANDHI NAGAR ROAD DOMBIVLI EAST , 0, Kalyan, Thane, DOMBIVLI, Maharashtra		
	Pincode: 421201	Contact no. 8097831103	KANCHAN (Mother's Name)

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): **THE S.I.A. COLLEGE OF HIGHER EDUCATION, DOMBIVLI EAST**
Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **B.COM** Class (Roll No. 2017016401259783) during the First/Second Terms of the Academic year 2017-2018 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **October 2020** Examination (Seat No. 1035793)

My Date of Birth is 15/02/1997

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

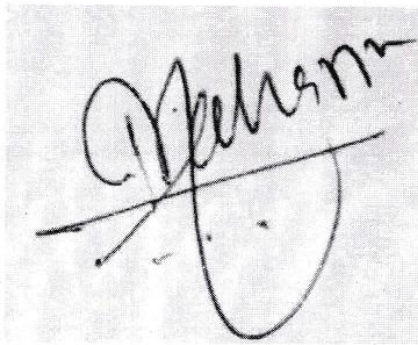
I am to request to sent my **Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.**

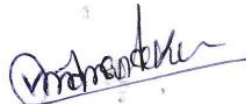
Thanking You,

Verified by

Yours obediently

Date:





(Student's Signature)

PRINCIPAL
The S.I.A. College of Higher Education
DOMBIVLI (E)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From :				College Code : 279
Shri / Smt. /Kum. .	TIWARI	RAJNEE	NARENDRA	SANDHYA
	(Surname)	(Own Name)	(Father's/Husband's Name)	(Mother's Name)
Residential address of the student:	1St Floor Room No.5 Ganiyaichhaya V.P.Road, Lane No.5, Pendse Nagar , 0, Kalyan, Thane, Dombivli, Maharashtra			
	Pincode: 421201	Contact no. 9867767463		

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): **THE SIA COLLEGE OF HIGHER EDUCATION , P-88 MIDC Residential area dombivli gymkhana road Near balaji mandir, Dombivli(east) 421203**
Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com I** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **BANKING AND INSURANCE** Class (Roll No. **2017016400761033**) during the First/Second Terms of the Academic year **2017-2018** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **November 2020** Examination (Seat No. **1129949**)

My Date of Birth is 31/07/2000

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my **Transference Certificate** directly to the **Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098** at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student's
Signature)

Document printed on Mon Nov 30 2020 14:38:39 GMT+0530 (India Standard Time)



PRINCIPAL
The S.I.A College of Higher Educati
DOMBIVLI (E).

6/2019

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : College Code : 279
Shri / Smt. /Kum. : CHAUDHARI MANOJ DIGAMBAR SHUBHANGI
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: 301, Eknath Patil Bldg Patbarli Road Gograswadi , 0, Kalyan, Thane, Dombivli, Maharashtra
Pincode: 421201 Contact no. 7977734138

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): THE SIA COLLEGE OF HIGHER EDUCATION ,
NA

Sir / Madam,

I am to state that I have taken provisional admission to the M.Sc. (IT) Part I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the BACHELOR OF SCIENCE Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2017 Examination (Seat No. 4027831)

My Date of Birth is 14/08/1996

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

Document printed on Thu Sep 26 2019 19:52:48 GMT+0530 (India Standard Time)

951

Postgraduate International Conditional Offer

Jai Parameshwari Balasubramani Konar
Room NO. 304, Sai Ganesh Chaya Society
TISGAON, KALYAN EAST
THANE
Mumbai
India
421306

IDP Education India Pvt Ltd – Thane

Application Number:- 70-059985-1

Student ID:- 10730757

25 June 2020

Dear Miss Konar

Application Decision

Coventry University, Coventry University London, CU Coventry, CU London and CU Scarborough come together to form part of the Coventry University Group (the "University") with all degrees awarded by Coventry University.

With reference to your application to study at the University, we are delighted to offer you a place on the following course which is conditional on the 'offer conditions' detailed below being met:-

Course Title	MSC Supply Chain Management and Logistics (RQF Level 7)
Location	Coventry University
Award on Successful Completion	MSC
Stage of Entry	Stage 1
Academic Course Start Date	18 th January 2021
Course End Date	19 th January 2022
Total Anticipated Tuition Fees per Academic Stage/Year of the Course	£16,600.00 Fees for the period of January 2021 to January 2022
1 st Tuition Fee Payment for the first Academic Stage(the Deposit to secure your place)	£4000.00 to be received by the University as part of your offer conditions
2 nd Tuition Fee Payment for the first Academic Stage/Year to be received by the University before your arrival for enrolment (payable once your Visa has been issued to you)	Additional £4000.00 to be received by the University before enrolment begins on 18 th January 2021
Final Tuition payment for the Academic Stage/Year	£8600 .00 to be received by the University by 18 th April 2021
Scholarship/Tuition Award (subject to eligibility)	These are awarded based on specific requirements and are subject to eligibility . Please note final confirmation of any awards/scholarships will be confirmed on your CAS statement. *if awarded, this is only valid for your first year of study at the University*
Estimated Living Expenses (based on UKVI Guidance)[UKVI Tier 4 Policy Guidance]	Estimated at £1015.00 per month

IMPORTANT INFORMATION – the dates and fees stated in this offer letter are provisional only and confirmation of dates and fees will follow in due course

We regularly review our course content, to make it relevant and current for the benefit of our students. Please check the current online course pages to read about the course on which you are being offered a conditional place.

Offer Conditions

You are required to accept your offer and meet all the following conditions **before 7th December 2020 to be eligible to enrol** on your course:

- Achieve IELTS 6.5 with minimum 5.5 in each of the four components.
- Provide an academic reference letter on official headed paper duly signed by the referee.
- Pay £4000.00 to secure your place onto the course. **The 2nd payment must be paid and received at the University before your arrival for enrolment.** Refunds may be given if you are refused a student visa (subject to the University Policy and Current UKVI Immigration Regulations).

TERNA PUBLIC CHARITABLE TRUST'S
TERNA GLOBAL BUSINESS SCHOOL

Nerul (W), Navi Mumbai - 400706.

R. No. 014

Date : 16/02/2021

Name of the Student Riddhi umesh Dhotre

Year 2020-2022

Sr. No.	Description	Amount
1	Admission Fees	100000/-
2	Tuition Fees	
3	Development Fees	
4	Exam and Admin Fees	
5	Other Fees	
6		
7		
8		
9		
10		
TOTAL		100000/-

(In words) Rs. one lakh only

By Cash / DD / CH No. 160940 Date : 16/02/2021

Bank : SVC cooperative Bank

(Receipt Subject to realization of Cheque / D.D)

PROVISIONAL

Accountant / Cashier

Principal



For Office Use Only	Batch:	Scrutiny	Payment: Online/DD	PI
	Serial:			

	The SIA College of Higher Education (S21) University of Mumbai M.G.Road, Fort, Mumbai-400022, Maharashtra(India) Academic Year: 2020-2021 APPLICATION FORM		Application No : 3494183 Regular		
					
Course Applied for : M.Sc.(with Credits) - Regular - CBCS - Information Technology - M.Sc. Part II Sem III (1-1)			PRN:2016016401781237		
Application Date : 08/12/2020		Payment Category : 45			
1. Personal Information					
Candidate's Name(Regional) :					
Candidate's Name as printed on Mark sheet :		SINGH SANGRAM LAUHAR [*This name will appear on all University records/Documents]			
Father's/Husband's Name :		LAUHAR SINGH	Mother's Name : BAHITA		
Marital Status :		UnMarried	Mother Tongue :		
Place Of Birth : MAHARASHTRA		Gender : Male	Date of Birth (DD/MM/YYYY) : 01/06/1999		
Blood Group :		Religion :	Country of Citizenship : India		
Height : Not Available		Weight : Not Available	Hemoglobin : Not Available		
Is Student NRI/ Foreign National : No			Domicile State: Maharashtra		
Address For Correspondence :					
State : Maharashtra		District : Thane	Tehsil : Kalyan	City/Town/Village :	Location Area : Not Available
Address (House no./street/area/suburb etc.):		C-505 GOVARDHAN COMPLEX AZADEGAON DOMBRIVLI(EAST)			Pin Code : 421201
Contact details					
Mobile Number	918691893733			Email ID:	
2. Legal Reservation Information					
Category Type : Open		Category : GEN			
Is Specially Aided? No					
3. Social Information(Additional Information)					
Paper Selected for:					
Sem III					
PSIT301 - Technical Writing and Entrepreneurship Development PSIT303a - Machine Learning PSIT304a - Robotic Process Automation		PSIT3P1 - Project Documentation and Viva PSIT302a - Applied Artificial Intelligence PSIT3P2a - Applied Artificial Intelligence Practical PSIT3P3a - Machine Learning Practical PSIT3P4a - Robotic Process Automation Practical			
Sem IV					
PSIT401 - Blockchain PSIT4P4 - Project Implementation and Viva PSIT4P2a - Natural Language Processing Practical PSIT4P3a - Deep Learning Practical		PSIT4P1 - Blockchain Practical PSIT402a - Natural Language Processing PSIT403a - Deep Learning PSIT404a - Human Computer Interaction			
Medium of Instruction : English					

1/2



4. Guardian Information									
Occupation of Guardian : Service					Annual Income of Guardian : 70000				
5. Educational Details									
Name of Examination	Name of Board/University and State of University	Name of School/College	Month and Year of Passing	Exam Seat No.	Certificate No.	Mark Obtained	Out of	CGPA	%
Std 10th	MAHARASHTRA STATE BOARD OF SECONDARY AND HIGHER SECONDARY EDUCATION,		March 2014	-	-	428.00	500.00	---	85.00
Std 12th 12Th (Science)	MAHARASHTRA STATE BOARD OF SECONDARY AND HIGHER SECONDARY EDUCATION,		February 2016	-	-	481.00	650.00	---	74.00
Degree : B.Sc. (I.T.)(With Credits)-Regular-Rev16			Passed	-	-	-	-	---	-
Your Last Qualifying Exam:									
7. Other Information									NA
DECLARATION I hereby declare that all the information furnished by me in this application form is true, complete and correct to the best of my knowledge and belief. I do understand that I need to obtain and produce all the required documents. I admit to having understood what constitutes cheating and sexual harassment. I have read the guidelines related to the same. I hereby affirm that if									

IEIBS AKADEMIA PVT. LTD.

19th DEC, 2020
AKAD/2020/S/0406

Dear Ms. Karuna Ashok Deshpande,

Sub: Admission to the 2 Year full time Akademia Supported Business School - MBA program (UGC/AICTE) 2020 - 2022 batch

Congratulations! We are pleased to inform you that you have been selected for admission to the two-year full time Akademia Supported Business School – MBA program (2020-2022).

India's Biggest Forum in MBA education – HEF has awarded 'Akademia' an award for innovation in MBA initiatives, a move that will improve the prospects of ASBS – MBA drastically going forward placements. We sincerely thank students who have showed immense trust & faith much before the award was given. As a token of appreciation Akademia intends to support each & every student in Career Building through ASBS - MBA.

AKADEMIA has also been associated with top management college like **Symbiosis Institute of Management & Studies** via **ECO – Injection Programme**, **FMS Udaipur** & had also launched **MBA Bridge Programme** in collaboration with **SP Jain Institute of Management & Research**.

The program includes class room training for different aspects of management as well as corporate training that prepares student for corporate exposure. Akademia dedicatedly offers a comprehensive training support through its team of trainers, who provide support in delivery to enhance the learning in the class as well as off class. Akademia also renders services which include WOM Management, marketing, Branding, Corporate Interface, CEO Series & summer/winter internships & final placements. Some of the companies which have absorbed our students are Bajaj Allianz, Magicbricks.com, ICICI Securities, Ogilvy & Mather, Reliance Group, XL Dynamics, Star India Company, Sunkersett Financial Advisory & many more. For the second consecutive year Akademia students have been able to crack International Placements.

Your admission in the programme is confirmed with a receipt of **Rs. 15,000/-**.

In case you need any further clarification, please feel free to contact **Mr. Neeraj Darekar +91-9892511227**.

We look forward to welcome you to the Institute & to support learning process as you prepare yourself for a career in management.

Thanking you.



Regards,

Admission Cell
IEIBS Akademia



AKADEMIA™
An MBA Solutions Company
IEIBS
WISDOM KNOWLEDGE AND VISION

For Office Use Only	Batch:	Scrutiny	Payment: Online/DD	PI
	Serial:			

	Keraleeya Samajam (REGD.) Dombivlis Model College (102) University of Mumbai M.G.Road, Fort, Mumbai-400032, Maharashtra(India) Academic Year: 2020-2021 APPLICATION FORM			Application No : 2737242 Regular
				
Course Applied for : M.Com.(with Credits) - Regular - Rev16 - M.Com. Part II Sem III [2C00533] (-)			PRN:2016016401322641	
Application Date : 20/08/2020		Payment Category : 35		
1.Personal Information				
Candidate's Name(Regional) :				
Candidate's Name as printed on Mark sheet :				
PRAJAPATI PANKAJKUMAR PREMKUMAR [*This name will appear on all University records/documents]				
Father's/Husband's Name :		PREMKUMAR PRAJAPATI	Mother's Name :	ANITA
Marital Status :		UnMarried	Mother Tongue :	
Place Of Birth : RURAL		Gender : Male	Date of Birth (DD/MM/YYYY) : 04/02/1999	
Blood Group :		Religion :	Country of Citizenship : India	
Height : Not Available		Weight : Not Available	Hemoglobin : Not Available	
Is Student NRI/ Foreign National : No			Domicile State: Maharashtra	
Address For Correspondence :				
State : Maharashtra		District : Thane	Tehsil : Kalyan	City/Town/Village :
Location Area : Not Available				
Address (House no,street/area/suburb etc.) :		ROOM NO.1 LAHU MAHATRE CHAWL CHERA NAGAR MANPADA ROAD DOMBIVLI EAST		Pin Code : 421201
Contact details				
Mobile Number	917045077844		Email ID: PANKAJKUMARPRAJAPTI@GMAIL.COM	
2.Legal Reservation Information				
Category Type : Open	Category : GEN			
Is Specially Abled? No				
3.Social Information(Additional Information)				
Paper Selected for:				
Sem III [2C00533]				
UMCISIII.6 - Project Work I 72208 - Financial Markets		72203 - Commercial Bank Management 72213 - Accounting of Banking Sector		
Sem IV [2C00534]				
UMCISIV.6 - Project Work II 67508 - Financial Services		67503 - International Finance 67518 - Investment Management		
Medium of Instruction : English				
4.Guardian Information				
Occupation of Guardian : Service			Annual Income of Guardian : 60000	

CGPA	%
---	62.80
---	66.62
---	-
NA	
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