

Chetna Shikshan Prasarak Mandal's Vaijapur

Art's Senior Mahavidyalaya

Raj Complex By Pass Road, Sawangi, Aurangabad

Transfer Certificate

ORIGINAL

No. : **701**

Date :

1. Register No. : _____
2. Name of the Student : _____
3. Fateher Name : _____
4. Mother Name : _____
5. Caste : _____ Religion : _____
6. Date of Birth : _____
(In Words) : _____
7. Place of Birth : _____ Nationality : _____
8. Date of Admission : _____ Class : _____
9. Date of Leaving : _____ Class : _____
10. Subject / Group of Subjects : _____
11. Whether all the dues have been paid : _____
12. Progress : _____
13. Conduct : _____
14. General remarks if nay : _____

CLERK

PRINCIPAL