37. No '4420 (14)

GR. NO 371 Student's Name: LIOYD MENDONCA

Address: SATTAR CHAWL R.N1

BEHIND KALINA MASSID KALINA SANTACRUZ Fast

Date:

The Principal, PATUCK	GALA	COLLEGE

Sub: Issue of Transference Certificate

Respected	Sir,
-----------	------

I, the undersigned, LIOYD MENDONO	A	N-	have con	npleted my
graduation/ post-graduation in B.Com			from yo	our College
Institute in the year 2016.				
I was studying in your College/ Institute from	2013	to	2016	for the
purpose.				

I have now joined DBIT - MMS for MMS course, for further studies.

The Institute needs Transference Certificate from the last College/ Institute attended by me. I am submitting my application through the Institute with a request to send my Transference Certificate to the Institute at the earliest.

Thanking you,

Yours faithfully,

Signature

Forwarded with compliments to:

The Principal/Director: For information and necessary action

Don Bosco Institute of Technology-MMS

Premier Automobile Road, Kurla (West)

Mumbai 400 070

I/c Principal

Patuck - Gala College of Commerce & Management Santacruz (E), Mumbai-400 055

Premier Automobiles Road, Kurla (W), Mumbai-400 070





RS.100/- 14-15

Bombay Suburban Art & Craft Education Society's Sheila Raheja School of Business Management & Research Raheja Education Complex, Kher Nagar, Opp Chhatrapati Shivaji Ground,

Bandra (East), Mumbai - 400 051. www.srbs.edu.in

Telephone No.: (022) 61966640 /61966666.

Date: 1/8/17

	10100
APPLICATION FOR TRANSFER	ENCE CERTIFICATE
Short Rendey Charly R. No. 2. Short Rendey Charly R. No. 2. Short red Compound, Jacobs Nagar, Je how (F) Mumba; (SI)	9987964140
To:- The Principal. PATUCY - GALA COCCEGE at Communa & Mangement	
Sir,	
I was a student of your college for the B.com	degree during the academic year 2013 nination held by the University of Mumbai in
Management Studies) Two year full time course of the School of Business Management & Research Bandra (Element of Frequest you that my Transference Certificate be sent to the Management & Research Raheja Education Complete Ground, Bandra (East), Mumbai – 400051 at an early defined to the School of Bandra (East), Mumbai – 400051 at an early defined to the School of Bandra (East), Mumbai – 400051 at an early defined to the School of Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the School of Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the School of Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the School of Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the School of Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the School of Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the School of Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the School of Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the School of Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the School of Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the School of Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the School of Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the Business Management & Research Bandra (East), Mumbai – 400051 at an early defined to the Business Management & Research Bandra (East), Mumbai – 400051 at an early defi	C), Mumbai. ne Director, Sheila Raheja School of Businese ex, Kher Nagar, Opp. Chhatrapati Shivaj
Thanking you,	
Yours chediants	
Name of the Student: - Rahul Gupta (Tele	anchand,
No. SRBS/ / 2018.	
	Date:
Forwarded with compliments to The Principal,early compliance	Date: for favour o
	for favour o

Director

MUMBAI-55

05:100 Pall 1000

UNIVERSITY OF MUMBAI

GARWARE INSTITUTE OF CAREER EDUCATION AND DEVELOPMENT

APPLICATION FOR TRANSFER CERTIFICATE

Residential address of the student: 202, Malovadi Privelage, Pouvel Mathesian Road, New Panuel - Hio 206 The Principal / Director / Head of the Department, Sir / Madam, I am to state that I am seeking admission to the Master/Bachelor/ Diploma course in in the Garware Institute of Career Education and Development. I am to request you to send my transfer certificate to the Director, Garware Institute of Career Education and Development, University of Mumbai, Kalina Campus, Santacruz (E), Mumbai – 400 098.	I/ Smt. / Shri. / Kum	mbiat Surname)	Shruti (Name)	Radhaksishnan (Middle Name)
The Principal / Director / Head of the Department, Sir / Madam, I am to state that I am seeking admission to the Master/Bachelor/ Diploma course in in the Garware Institute of Career Education and Development. I am to request you to send my transfer certificate to the Director, Garware Institute of Career Education and Development, University of Mumbai, Kalina Campus, Santacruz (E), Mumbai – 400 098. I attend the Bcom course (Div Roll No ourse (Div Roll No ourse) during the Moster term/s of 2013 in your college / Institute Department and passed/ failed at the examination held by the University in April / October, of 2013 (Exam Seat No. 13977) Yours faithfully Director (Student's Signature)	,	dent: 202,	Malevadi Pa	rivelage, Panvel
Sir / Madam, I am to state that I am seeking admission to the Master/Bachelor/ Diploma course in the Garware Institute of Career Education and Development. I am to request you to send my transfer certificate to the Director, Garware Institute of Career Education and Development, University of Mumbai, Kalina Campus, Santacruz (E), Mumbai – 400 098. I attend the	Mathoran Koad	New Par	wel-41020G	
I am to state that I am seeking admission to the Master/Bachelor/ Diploma course in the Garware Institute of Career Education and Development. I am to request you to send my transfer certificate to the Director, Garware Institute of Career Education and Development, University of Mumbai, Kalina Campus, Santacruz (E), Mumbai – 400 098. I attend the	The Principal / Director / Hea	ad of the Depar	tment,	
I am to state that I am seeking admission to the Master/Bachelor/ Diploma course in the Garware Institute of Career Education and Development. I am to request you to send my transfer certificate to the Director, Garware Institute of Career Education and Development, University of Mumbai, Kalina Campus, Santacruz (E), Mumbai – 400 098. I attend the				
I am to state that I am seeking admission to the Master/Bachelor/ Diploma course in the Garware Institute of Career Education and Development. I am to request you to send my transfer certificate to the Director, Garware Institute of Career Education and Development, University of Mumbai, Kalina Campus, Santacruz (E), Mumbai – 400 098. I attend the				
I am to state that I am seeking admission to the Master/Bachelor/ Diploma course in the Garware Institute of Career Education and Development. I am to request you to send my transfer certificate to the Director, Garware Institute of Career Education and Development, University of Mumbai, Kalina Campus, Santacruz (E), Mumbai – 400 098. I attend the course (Div Roll No) during the Master term/s of 2013 in your college / Institute of Department and passed/ failed at the examination held by the University in April / October, of 2013 (Exam Seat No. 14944) Yours faithfully GICED (Student's Signature)	•		9	
I am to state that I am seeking admission to the Master/Bachelor/ Diploma course in the Garware Institute of Career Education and Development. I am to request you to send my transfer certificate to the Director, Garware Institute of Career Education and Development, University of Mumbai, Kalina Campus, Santacruz (E), Mumbai – 400 098. I attend the course (Div Roll No) during the Master term/s of 2013 in your college / Institute of Department and passed/ failed at the examination held by the University in April / October, or 2013 (Exam Seat No. 14944) Yours faithfully Yours faithfully GICED (Student's Signature)				
in the Garware Institute of Career Education and Development. I am to request you to send my transfer certificate to the Director, Garware Institute of Career Education and Development, University of Mumbai, Kalina Campus, Santacruz (E), Mumbai – 400 098. I attend the				51.1
I attend the Book course (Div Roll No.) during the Mosch term/s of 2013 in your college / Institute of Department and passed/ failed at the examination held by the University in April / October, of Director (Student's Signature)	I am to state that I	am seeking ad	mission to the Maste	er/Bachelor/ Diploma course in
I attend the Bcom course (Div Roll No. during the Mostch term/s of 2013 in your college / Institute of 2013 (Exam Seat No. 14977) Yours faithfully Director (Student's Signature)				
Department and passed/ failed at the examination held by the University in April / October, of 2013 (Exam Seat No. 17977) Yours faithfully Director (Student's Signature)	and Development, University	y of Mumbai, k	Kalina Campus, Santao	cruz (E), Mumbai – 400 098.
Department and passed/ failed at the examination held by the University in April / October, of 2013 (Exam Seat No. 17977) Yours faithfully Director (Student's Signature)	I attend the	Bcom	course	(Div Roll No.
20\3 (Exam Seat No. 17977) Yours faithfully Director (Student's Signature)) during the	e March	term/s of 2013	in your college / Institute /
Yours faithfully Director (Student's Signature)	Department and passed/ fail	led at the exam	nination held by the U	University in April / October, of
Yours faithfully Director (Student's Signature)	2013 (Exam Seat No. 17	777)		
Director (Student's Signature)	QSITY OF	A.L.		Yours faithfully
) <u>*</u>		A Told
cut here	Director	ant'		(Student's Signature)
	-	cut he	ere	
	1. Name of the Student	Short	Radhakaist	was Martin I of

anggement (&PGD)

I/c Principal
Patuck - Gala College of
Commerce & Management
Santacruz (E), Mumbai-400 055

2. Admitted to (GICED & Course):

3. Please send this counterpart along with Transfer Certificate.

Şir M.Visvesvaraya Institute of Management Studies & Research (SVIMS)

Plot.No:117, Road No.7-A, Wadala (w) Mumbai- 400 031.

Tel: 022-24180560

MUMBAI-55

Date: - 08 08 2018

To. The Principal, Santacruz (e)

Ref.No:-SVIMS/O/18-19/995

Sub: - Transfer Certificate.

Sir/Madam,

Mr./Miss Shoukh Mohd Arshad who was a student in your college perusing. P GDM course in the year. 2018.... has taken admission in our Institute for MMS/PGDM course.

Kindly issue the necessary transfer certificate to complete the requisite University formalities.

Thanking you,

Yours truly,

Dr. Purshottam Pati Director

Sir M. Visvesvaraya Institute of Management Studies & Research

I/c Principal

Patuck - Gala College of Commerce & Management

Santacruz (E), Mumbai-400 055

UNIVERSITY OF MUMBAI

17-18

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. .

VISHWAKARMA

BABITA CHANRAKESH

(Father's/Husband's Name)

LALTI DEVI

(Surname)

(Own Name)

(Mother's Name)

Residential address of the 19, subramnium nagar D'mello compound, dhobhi ghat datta mandir road vakola bridge, 0, Andheri, Mumbai student:

Suburban, mumbai, Maharashtra

Pincode: 400055

Contact no. 8976804190



The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE,

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. 3075264)

My Date of Birth is 13/09/1997

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



INSTITUTE OF DISTANCE AND OPEN LEARNING HOOL UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAYAN, VIDYANAGARI, KALINA, SANTACRUZ (E), MUMBAI-400 000



Signature)

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UNIVERSITY OF MUMBAI

11.

-18 32No.9

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:

student:

College Code: 279

Shri / Smt. /Kum. .

VARMA

ANTIMA (Own Name) RAJNARAYAN

SHAMA

(Surname) Residential address of the baburam

baburam dubey chwal khandwala compound datta mandir road vakola bridge, 0, Andheri, Mumbai

(Father's/Husband's Name)

(Mother's Name)

Suburban, mumbai, Maharashtra

Pincode: 400055

Contact no. 9769469739

T

0,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA 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 July 2018 Examination (Seat No. 3075247)

My Date of Birth is 12/07/1997

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:

I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING HOOLI
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAYAN,
VIOYANAGARI, KAUNA,
SANTACRUZ (E), MUMBAI-400 095.



(Student's Signature)

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8/20/2018,

UNIVERSITY OF MUMBAI

paid Ps. 100 L

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. .

APISHTE (Surname)

SONAL

SANTOSH

(Father's/Husband's Name)

SANCHITA

College Code: 279

(Mother's Name)

Residential address of the student:

(Own Name) RAJUBHAI CHAWL NO. 3 ROOM NO. 5 DOULAT SOCIETY PATEL NAGAR GOLIBAR NAKA SANTACRUZ

EAST, 0, Andheri, Mumbai Suburban, SANTACRUZ EAST, Maharashtra

Pincode: 400055

Contact no. 8657393944

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK 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 March 2018 Examination (Seat No. 3073)

My Date of Birth is 28/08/1997

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



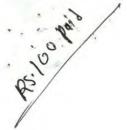
Date:

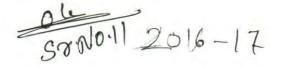
I/C DIRECTOR INSTITUTE OF DISTANCE AND OPEN LEARNING GOOLS UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAYAN, VIDYANAGARI, KALINA,

SANTACRUZ (E), MUMBAT-400 P98

(Student's Signature)

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UNIVERSITY OF MUMBAI Institute of Distance and Open Learning Dr. Shankar Dayal Sharma Bhavan,

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. .

BANO

INSIYA

HASAN ALI

KANEEZ

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of

the student:

Dauri nagar Gate no.03 murge wali chawl Ahemadabad road santacruz (E) Mumbai, 0,

Andheri, Mumbai Suburban, Mumbai, Maharashtra

Pincode: 400055

Contact no. 8424907085

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA 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.

l 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 August 2017 Examination (Seat No. 6237160)

My Date of Birth is 13/03/1995

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

(Student's

Signature)

Date:

HE DIRECTOR

WINDOWS OF MICHAEL AND OPEN CLARING MODE

WINDOWS OF MICHAEL

WINDOWS OF

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BES WANDER TO WA

I/c Principal
Patuck - Gala College of
Commerce & Management

Commerce & Management Santacruz (E), Mumbai-400 055 paid PS-100 / 30th Aug. 18.

9892013147 GR.NO.3054 Sr.NO.13

25/2018

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

MALLAH

DEEPIKA

GOPALPRASAD

College Code 279

(Surname)

(Own Name)

(Father's/Husband's Name)

BADAMIDEVI (Mother's Name)

Residential address of the student:

ROOM NO.6, SUPARIWALA CHAWL P.M ROAD, KHOTWADI SANTACRUZ(WEST), MUMBAI-400054, 0, Andheri, Mumbai Suburban, MUMBAI, Maharashtra

Pincode: 400054

Contact no. 8286525634

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE OF COMMERCE AND MANAGEMENT,

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

Lattended 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 March 2014 Examination (Seat No. 15498.) My Date of Birth is 10/04/1994

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

I'C DIRECTOR INSTITUTE OF DISTANCE AND OPEN LEARNING GOOD UNIVERSITY OF MUMBAI OR SHANKAR DAYAL SHARMA BHAVAN VIDYANAGARI, KALINA, SANTACRUZ (F) MUMBALANO 009



(Student's Signature)

Document printed on Sat Aug 25 2018 15:15:49 GMT+0530 (India Standard Time)



pard ps. 100/-

UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

Dr. Shankar Daval Sharma Bhayan,

Vidyanagari, Santacruz (east). Mumbai-400098

GR. NO. 1297 ST. NO .14

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

From

College Code: 279

Shri / Smt.

Kum

NITIN

ASHOK

NIRMALA

(Own Name) (Surmanie) ROOM NO-21 CHAWL NO.3 SHIV KRUPA MITRA MADAL GEN A K V MARG NEAR GURUKUL VIDYALAYA

(Father's/Husband's Name)

(Mother's Name)

JULI AUNTY COMPOUND SANTOSH NAGAR GOREGAON EAST, 0, Boriwali, Mumbai Suburban, MUMBAI,

Maharashtra

SHARMA

Pincode 400065

Contact no. 9773543565

all Name and Address of the last attended College: University Dept.): PATUCK GALA COLLEGE OF COMMERCE .

11

50 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.

Lattended 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 2011 Examination (Seat No. 25628)

My Date of Birth is 25/12/1990

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.

Verified by

Yours obediently

INTOR GAVA: SHANMA BHAIA

WHITE STATE AND A STATE OF THE STATE OF THE

(Student's Signature)

Document printed on Mon Aug 27 2018 19:51:43 GMT+0530 (India Standard Time)







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. .

SINGH (Surname) **ABHISHEK**

RAJENDRAPRASAD

URMILA

Residential address of

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

the student:

OPP. MOON ROCK BLDG, 338/13 HAJI ISLAM CHAWL GOAWALA ESTATE PIPE LINE ROAD, 0, Kurla, Mumbai Suburban, MUMBAI, Maharashtra

Pincode: 400070

Contact no. 9029586553



The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE OF COMMERCE AND MANAGEMENT,

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 TYBCOM 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. 3075115)

My Date of Birth is 05/11/1994

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

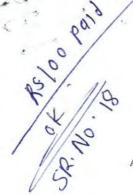
I/C DIRECTOR ASSETUTE OF DISTANCE AND OPEN LEARNING BUDGE UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAVAN. VIDYANAGARI, KALINA,

SANTACRUZ (E), MUMBALACO DOS

(Student's Signature)

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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:

student:

ANSARI

MOHAMMED SHAKIB

MOHAMMED AKRAM

College Code: 279

Shri / Smt. /Kum. .

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

RABIYA

Residential address of the

e RO

ROOM NO 2 CHAWL NO 1 GURUDATT NAGAR VINOBA BHAVE NAGAR, 0, Kurla, Mumbai Suburban,

MUMBAI, Maharashtra

Pincode: 400070

Contact no. 8898356966



To.

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE OF COMMERCE AND MANAGEMENT,

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 BACHELORS 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. 3073983)

My Date of Birth is 03/08/1997

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:

I/C DIRECTOR
INSTITUTE OF DISTANCE AND DPEN LEARNING (IDDI)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAYAN,
VROYANAGARI, KALINA,
SANTALERIZ (P. MUMBAI-400 095



(Student's Signature)

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Paid B.1001 OC

SIES COLLEGE OF COMMERCE & ECONOMICS

NAAC Re-accredited "A" Grade, ISO 9001:2008 Certified

SION (EAST), MUMBAI - 400 022.

APPLICATION FORM FOR TE	RANSFERENCE CERTIFICATE
From,	
Shaikh Mehzab Meer Hasan	
K-16 B.M. C colony Match	
Factory lane Kyrla(w)	Full Name & Address of the student
Mumbai -400070.	
To,	
The Principal,	
Patuck-Gala College	
of commerce & management	Name & Full address of the college last attended
Vakola bridge, Santacruz	
Sir,	Accountan
I am seeking admission to the SIES Colleg class and request you to be kind enough to send college. My latest academic record in your college is	my Transference Certificate to the Principal of this is as under:
1. Full name: Shaikh Mehzah to	
2. Class T.Y. B. Com. Div. A Ro	No. 46. Academic year 2016-17
3. Last Examination for which application was s	submitted:
4. Month & Year of the Exam : April 201	6-17
5. Seat number of the Exam: 623812	4. 1/c Principal
6. Result at the Exam : Successful	Commerce & Managemen
	Santacruz (E), Mumbai-400 (CO, F.A, Costacc, AUD, Taxes

RS100 Pric 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:

Shri / Smt. /Kum. .

KHAN (Surname) NIDA (Own Name) **MOHDFAROOQ**

(Father's/Husband's Name)

ABIDA

(Mother's Name)

College Code: 279

Residential address of the

student:

21 B 304 KAPADIA NAGAR CST ROAD KURLA WEST MUMBAI-400070, 0, Kurla, Mumbai Suburban,

MUMBAI, Maharashtra Pincode: 400070 Contact no. 9004319264

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA 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 BACHELORS IF 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. 3074455) My Date of Birth is 27/06/1996

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

of Comme

MUMBAI-55

Yours obediently

(Stud

Signature)

Date:

INSTITUTE OF DISTANCE AND OPEN LEARNING (1001) UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAVAN, VIDYANAGARI, KALINA,

SANTACRUZ (E), MUMBAI-ADD POS

College

I/c Principal

Patuck - Gala College of Commerce & Management Santacruz (E), Mumbai-400 055

Document printed on Sat Aug 25 2018 14:55:12 GMT+0530 (India Standard Time)

Lords Universal College Topiwala Marg ,Off: Station Road, Goregaon (W), Mumbai – 62. Phone: 2879 1111

Request for Transference Certificate

The Principal
of Patuck-gala Collège
of Commerce I management
Sir / Madam, Ref.: Your College NOC. 2612~18 1 11 dt 418 (copy attached)
Kindly send DIGITAL TRANSFERENCE CERTIFICATE for
Omprakert Cripte. M. com-port-
as mentioned in above-mentioned NOC at the earliest, to help us process his/her

Sincerely,

Principal Lords Universal College Lords Universal College Goregaon (W., shall 400 104

Admission in our College.

Lords Universal College Topiwala Marg ,Off: Station Road, Goregaon (W), Mumbai – 62. Phone: 2879 1111

Request for Transference Certificate

The Principal
Patrick - Gala collège
Bontacuy (E), Humbie - 55
Sir / Madam,
Ref.: Your College NOC. No.: 20 17-18/9 dt 4/9/18 (copy attached) M. GM P.J
Kindly send DIGITAL TRANSFERENCE CERTIFICATE for
Miten Sushil Kumar Dulveg
as mentioned in above-mentioned NOC at the earliest, to help us process his/her
Admission in our College.

Sincerely,

Principal Lords PONGERS al College Vidya Vikas Education Trust's Lords Universal College Goregion (W), Mumbel 400 104

Lords Universal College Topiwala Marg ,Off: Station Road, Goregaon (W), Mumbai – 62. Phone: 2879 1111

Request for Transference Certificate

The Principal
Patrick Cala College
Santacruz (E), Mumbai -55
Sir / Madam, Ref.: Your College NOC. 2017-8/10 dt 4/8/18 (copy attached)
Kindly send DIGITAL TRANSFERENCE CERTIFICATE for
Raj Hordon Hohan Sahani
as mentioned in above-mentioned NOC at the earliest, to help us process his/her
Admission in our College.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

Sincerely,

Principalipal victords Ednivers are ollege Lords Universal College Goregaon (W), Mumbai 400 104

paid Ps. 100 / 15-16 GR. NO. 4630

College Code: 647

Lords Universal College

Topiwala Marg ,Off: Station Road, Goregaon (W), Mumbai - 62. Phone: 2879 1111

Request for Transference Certificate
8286941068/99674
The Principal
Partuel gala Collège
Santariz CE) Mumbai Gooss
Sir / Madam, Ref.: Your College NOC. 1. / B Com (copy attached)
RAMUL RAMPRASAD GUPTO (M. COM)
as mentioned in above-mentioned NOC at the earliest, to help us process his/her
Admission in our College.
Sincerely, NO 2

Principal Lords Universal College

PRINCIPAL
Vidya Vikas Education Trust

Lords Universal College
Goregaon (W), Mumbai 400 104

13.100 Paid

College Code: 647

Lords Universal College

Topiwala Marg ,Off: Station Road, Goregaon (W), Mumbai - 62. Phone: 2879 1111

Request for Transference Certificate

The Principal	
Partuck gala collège	
Santacruz (E)	a .
Sir / Madam,	
Ref.: Your College Nec. T. Y. B. Com	(copy attached,

Kindly send DIGITAL TRANSFERENCE CERTIFICATE for

Shira Gowda (M.com) Dinesh

as mentioned in above-mentioned NOC at the earliest, to help us process his/her Admission in our College.

Sincerely,

for.

Principal Lords Universal College

PRINCIPAL

Vidya Viltas Education Trust's Lorda Universal College Goregaon (W), Mumbal 400 104



Shiromani Gurdwara Prabandhak Committee's Guru Nanak Khalsa College of Arts, Science and Commerce, MATUNGA, MUMBAI- 400 019.

APPLIC	CATION FOR T	TRANSFERENCE	E CERTIFICATE
From:			
SHRI/KUM/SMT. C	(SURNAME)	Rugaine (NAME)	Mohd yesto. (MIDDLEWAME)
Residential Address o	of the student: Sha	nti Mager	SP Road Near a fast Mombai fo
The Principal/ Directo	or,		
Sir/ Madam, I am to state that Iam I am to request you to Mumbai-19.	seeking admission to send my Transferen	the <u>M COM</u> 1 class in ce Certificate to the Prin	n G. N. Khalsa College, Mumbai. ncipal, G. N. Khalsa College,
at yo	our college and Passe	Roll no. 13.) ed/ Failed at the examination Seat No.307	during the First/ Second Term/s ation held by the University/
Yours Obediently, (Student's Signature)			
	G. N. KHA	LSA COLLEGE, MI	JMBAI-19.
Ref No.			Date :
Forwarded with comp	liments to the Princip	pal/ Director, for favour of early co	ompliance. The applicant's date o
			PRINCIPAL

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

9167444795 KHAIRUL ISLAM HIGHER EDUCATION SOCIETY'S

HARASHTRA COLLEGE OF ARTS, SCIENCE & COMMERCE

246-A, Jehangir Boman Behram Marg, Mumbai - 400 008.

Date 19/09/18

APPLICATION FOR TRANSFERENCE CERTIFICATE			
То,	From : Name & Address of the Student		
The Principal,			
Patuck Gala of	Khan Abdul Cladis		
Commerce And	Aasiyana Apt, (-30)		
Management	LR.S Marg, Kusha(w) Mum-Jo		
Sir,			
As I am seeking admission in M-lom			
Maharashtra College	. I request you to please arrange to send		
my Transference Certificate to the Principal of the al	bove College.		
PARTICULARS:			
1. Class Attended : T.Y. B.Com Div.	Roll No		
2. Academic Years June / October Session :			
3. Exam. Passed / Failed: Passed			
4. Year of Examination : March / October 201	Seat No. 1013042		
	Yours faithfully,		
	(A Jodis		
	(Signature of the Student)		
MAHARASHTRA COLLEGE,	MUMBAI - 400 008.		
Ref. No.	Date		
Forwarded with compliments to the Principal / He	ad of the Department		
for favour of issue of Transfere	nce Certificate.		
Commong Report 81	mg.		
	PRINCHAL		
I/c Principal	Principal MAHARASHTRA COLLEGE		
Patuck - Gala College of Maharas	shtra College, Mumbai - 400 008. ARG, MUMBAI - 400 008.		

Commerce & Management Santacruz (E), Mumbai-400 055

De 100 bays 8/20/2018

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. .

SAHANI

PINKY

VINOD

College Code: 279 MADHURI

(Mother's Name)

(Surname) (Own Name) (Father's/Husband's Name) shiv shakti chawal D'mello Conpound, L.B.S Nagar vakola bridge santacruz east mumbai 400055, 0, Andheri,

Residential address of the student:

Mumbai Suburban, mumbai, Maharashtra Pincode: 400055

Contact no. 9152043014

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE COMMERCE AND MANAGEMENT,

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. 3074913)

My Date of Birth is 05/06/1998

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:

I/C DIRECTOR INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL) UNIVERSITY OF MUMBAI: DR. SHANKAR DAYAL SHARMA BHAVAN, VIOYANAGARI, KALINA, SANTACRUZ (E), MUMBALADO POS



(Student's Signature)

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8/21/2018

Not Paid

UNIVERSITY OF MUMBAI

GR.NO.3769 58.NO.24

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.

SABAT

ADITYA

ARUNKUMAR

KABITA

(Surname) (Own Name)

(Father's/Husband's Name)

(Mother's Name)

College Code: 279

Residential address of ROOM NO - 17, HANSRAJ MOLAKRAM CHAWL AMBEWADI, PARSI PANCHAYAT ROAD, ANDHERI EAST the student: , 0, Andheri, Mumbai Suburban, MUMBAI, Maharashtra

Pincode: 400069

Contact no. 9969089275

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE OF COMMERCE AND MANAGEMENT,

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 Bachelors 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 June 2016 Examination (Seat No. 1231353) My Date of Birth is 18/12/1995

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:

INSTITUTE OF DISTANCE AND OPEN LEARNING (1001) UNIVERSITY OF MUMBAI SHANKAR DAYAL SHARMA BHAYAN, VIDYANAGARI, KALINA, SANTACRUZ (E), MUMBALADO 1999

(Student's Signature)

Document printed on Tue Aug 21 2018 23:24:20 GMT+0530 (India Standard Time)



Poid PS. 100 UNIVERSITY OF MUMBAI Institute of Distance and Open I am

Contact No. - 7208225600.

Institute of Distance and Open Learning

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department 3869

From:

Shri / Smt. /Kum. .

VISHWAKARMA

(Surname)

SHILPA

MAHENDRA

PRABHAVATI

(Mother's Name)

Residential address of the NAVJEEVAN RAHIVASHI SANGH D'MELLO COMPOUND SANTACRUZ EAST, 0, Andheri, Mumbai

(Own Name)

(Father's/Husband's Name)

College Code: 279

Suburban, MUMBAI, Maharashtra

student:

Pincode: 400055

Contact no. 7208225600

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE OF COMMERCE,

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 June 2016 Examination (Seat No. 1231711)

My Date of Birth is 22/08/1995

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:

INSTITUTE OF DISTANCE AND OPEN LEARNING GOOL UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAVAN VIDYANAGARI, KALINA, SANTACRUZ (EL MUMBALANO POS

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UNIVERSITY OF MUMBAI Pool Rs. 1001—
Institute of Distance and Open Learning R. No. 1663

Dr. Shankar Daval Sharma Rhavar

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. .

ANSARI

AZIM

MOHAMMED SALAAM

College Code: 279

(Surname)

(Own Name)

PARVEEN

Residential address of the

student:

2/201 MUBARAK COMPLEX PIPE RD KURLA WEST, 0, Kurla, Mumbai Suburban, MUMBAI,

(Father's/Husband's Name)

(Mother's Name)

Maharashtra

Pincode: 400070

Contact no. 8169419584

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE OF COMMERCER AND MANAGEMENT,

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. 3073981)

My Date of Birth is 05/10/1997

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

(Student's

Signature)

Date:

INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL) **HMIVERSITY OF MUMBA** ANKAR DAYAL SHARMA BH VIDYANAGARI, KALINA SANTACRUZ (E), MUMBAI-400 099.

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Lords Universal College Topiwala Marg ,Off: Station Road, Goregaon (W), Mumbai – 62. Phone: 2879 1111

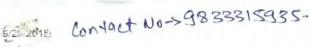
Request for Transference Certificate

The Principal	
Patuck Galo College	
•	
Sir / Madam, M. Com Pa	-A-
Ref.: Your College NOC (copy attached)
Kindly send DIGITAL TRANSFERENCE CERTIFICATE for	
KUSUM DEVISINGH SOLANKI	
as mentioned in above-mentioned NOC at the earliest, to help us process his/her	
Admission in our College.	
Sincerely,	
os of Commo	

Principalipal Vidya Londs Edinimens all College

Lords Universal College Goregeon (W), Mumbai 400 104







GR.NO.4895 819118

Institute of Distance and Open Learning Dr. Shankar Daval Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

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

From :

Shri / Smt. /Kum. .

VISHWAKARMA

Pincode: 400029

(Surname)

ASHUTOSH (Own Name)

ASHARAM

(Father's/Husband's Name)

College Code: 279 SHANTIDEVI

(Mother's Name)

Residential address of the

student:

Room No 04 Chawl No 2 Sharma Punjabi Chawl Shastri Nagar Kalina, 0, Andheri, Mumbai Suburban,

mumbai, Maharashtra

Contact no. 7021259207

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE OF COMMERCE MANAGEMENT,

NA

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 T.Y 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. 3075260)

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:

INSTITUTE OF DISTANCE AND OPEN LEARNING HOOL) UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAVAN, VIDYANAGARI, KALINA, SANTACRUZ (E) MUMBAL-ADD POS

(Student's Signature)

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of Comm

Paid Po 100
UNIVERSITY OF MUMBAI
R NO - 170 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. .

FAISAL

MOHAMMAD JAMA

College Code: 279

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

SAOLAIN

S8.N0.20

the student:

Residential address of R/NO 305 BUILDING NO 16 MOTILAL NEHRU NAGAR B.K.C NEAR IRE BRIGADE BANDRA (EAST) 400051 , 0, Andheri, Mumbai Suburban, MUMBAI, Maharashtra

Pincode: 400051

Contact no. 8108144043

To.

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA 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. 3074985)

My Date of Birth is 14/06/1998

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:

I/C DIRECTOR INSTITUTE OF DISTANCE AND OPEN LEARNING (LOCK) UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAVAN

VIOYANAGARI, KALINA, SANTACRIIZ (E) MIJMBAL-ANN POS

(Student's Signature)

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9167717214

Parel Ps. 100 UNIVERSITY OF MUMBAI RINO 1707

Institute of Distance and Open Learning

GRNO .0676

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. .

RAKESH

BACHCHA

(Father's/Husband's Name)

College Code: 279

SHAKUNTALDEVI

(Mother's Name)

Residential address of the

student:

(Surname) (Own Name) Shastri nagar western exp highway Near domestic airport Mumbai 400099, 0, Andheri, Mumbai Suburban,

Mumbai suburban, Maharashtra

Pincode: 400099

Contact no. 9137626534

he principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA 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 SEM VI Class (Ron No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A. f.K.T.) at the examination held by the University Dept. / College in April 2018 Examination (Seat No. 3074852)

My Date of Birth is 10/05/1998

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:

INSTITUTE OF DISTANCE AND OPEN LEARNING GOOD UNIVERSITY OF MUMBAL DR. SHANKAR DAYAL SHARMA BHAYAN, VIDYANAGARI, KALINA,

SANTACRUZ (E), MUMBAI-400 099

(Student's Signature)

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of Comm

Paid Rs 100/ - 8169073346 2012-13

R.NO-1729 Ole Son No. 35

Mother Velankani Education Trust Run's



Ashadeep Adhyapak Mahavidyalay

ENGLISH MEDIUM (B.ED./COLLEGE)

(Affiliated to University of Mumbai

Mahesh Park, Tulinj Road, Nallasopara (E), Tal Vasai, Dist. Thane, PIN - 401209 E-mail: mothervalenkani.educationtrust@gmail.com Website: www.mvet.ashadeep.org

Ref No. AAM 186 2018-19

Date: 08 10 2018

ASHADEEP ADHYAPAK MAHAVIDYALAYA ENGLISH MEDIUM (B.Ed / D.Ed COLLEGE) (MANAGED BY MOTHER VELENKANI EDUCATION TRUST RUN'S) APPLICATION FOR TRANSFERENCE CERTIFICATE/MIGRATION

Shirkmin Mishra Archana Omprakash

(Surname)

(Name)

(Middle Name)

The Principal (Previous college Name and Address)

Potock Gala college of commerce and Mgty, Valcola Bridge, Santacryz (East), MUMBA- 400055.

Sir/ Madam,

I am to state that I seeking admission to the B.Ed. class ii ASHADELP ADHVAL

MAHAVIDYALAYA, Nallasopara (* L.

Lam to request you to send my Transference Certificate to my Principal, ASHALA ADHYAPAK MAHAVIDYALAYA, Mahesh Park, Tulinj Road, Nallasopara (E), Tal: Vasai, Dist: Thane-401200 Lattended the 18.com class (DIV B Roll No. Latring the First / Second of your college and passed / failed at the examination held by the

University in April / October, of 2015 (Examination Seat No. 1013215)

Yours faithfully

ASHADEEP ADHYAPAK MAHAVIDYALAYA Mahesh Park Tulinj Roce, Nallasopara (E) Tal: Vasai, Dist: Thane-401209

Forwarded with Compliments to the Principal,

the Students will pay the Til tee through

I/c Principal

Patuck - Gala College of Commerce & Management Santacruz (E), Mumbai-400 055

ulini, Nallasopara (E); Dist. Thane-401 209.

Paid RS 100/ ST. NO. 36 R.No-1739 University of Mumbai DEPARTMENT OF COMMERCE Direct Tel. No.: 91-22-2652 2677 University of Mumbai, 91-22-2654 3322 Tei. No. Vidyanagari Campus, Kalina, 91-22-2654 3323 Santacruz (East), MUMBAI - 400 098. (INDIA) Date: 131912018 From: Panoley Jaya M. RNO. 58, 2nd Cloor 9867520117 vakola bri Santarnus To: The Principal, Patuck Gala collage Dear Sir, I beg to state that I am seeking admission to the M.Com. / Ph.D. Class of this Department and have, therefore to request you kindly send my Transference Certificate to the Head University Department of Commerce. 1 attended B.Com./M.Com. Class in your College in the subject Accounts during the 1st/2nd term of the academic year 2018-19 Yours faithfully. · Pandey Jaya No.UD./Com / Forwarded with compliments to the Principal College for favour of compliance. Professor and Head Department of Commerce Delysreity of Mumbainmerce University of Mumbai mkr I/c Principal

Not paid Paid Ps. 100 |
UNIV

UNIVERSITY OF MUMBAI

e NO.38

8424843468

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.

SINGH (Surname)

SUCHITA (Own Name) RAVISKAR

GYANTI

Residential address of the student:

(Father's/Husband's Name)

(Mother's Name)

College Code: 279

310, 3 FLR, PRIDE OF VAKOLA DATTA MANDIR ROAD SANTACRUZ EAST, 0, Andheri, Mumbai

Suburban, MUMBAI, Maharashtra Pincode: 400055

Contact no. 8286555371



The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE OF COMMERCE AND MANAGEMENT,

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 June 2016 Examination (Seat No. 1231589)

My Date of Birth is 15/11/1995

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:

I/C DIRECTOR INSTITUTE OF DISTANCE AND OPEN LEARNING (1001.) UNIVERSITY OF MUMBAL DR. SHANKAR DAYAL SHARMA BHAYAN. VICIYANAGARI, KALINA, SANTACRUZ (E) MUMBALACO POS

(Student's Signature)

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UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning
Dr. Shankar Dayal Sharma Bhavan,

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

From:

TAWRAE

College Code: 279

Shri / Smt. / Kum. .

TAWRAE

PRAKASH

VANDANA

(Surname)
Residential address of the

student:

(Own Name) (Father's/Husband's Name)

(Mother's Name)

RN.7,Sharma punjabi chawl Shastrinagar,kalina Santacruz(e), 0, Andheri, Mumbai Suburban, Mumbai, Maharashtra

Pincode: 400029

Contact no. 9850726101

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE ,

SNEHAL

NA

Sir / Madam,

I am to state that I have taken provisional admission to the PGDFM(Revised)-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 T.Y.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. 3075196)

My Date of Birth is 03/09/1996

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:

I/C DIRECTOR
INSTITUTE OF DISTRICT OF MUMBAI
OR, SHANKAR DAYAL SHARMA BHAYAN,
YIDYANAGARI, KALINA,
SANTAGRIZ GA MUMBAI JOO MG

University of Management of Ma

(Student's Signature)

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MUMBAI-55 MM

Paid Rs. 100 1-R.NO-1786



Direct Tel. No.: 91-22-2652 2677

91-22-2654 3322

Tel. No.

91-22-2654 3323

University of Mumbai

DEPARTMENT OF COMMERCE University of Mumbai, Vidyanagari Campus, Kalina,

Santacruz (East),

MUMBAI - 400 098. (INDIA)

added ICHUSHBOD

Lagar Khar

To: The Principal,

Patuck Galaollage commonce Mid nagement

Dear Sir.

I beg to state that I am seeking admission to the M.Com. / Ph.D. Class of this Department and have, therefore to request you kindly send my Transference Certificate to the Head University Department of Commerce.

attended the B.Com./M.Com. Class in your College in during the 1st/2nd term of the academic year

Yours faithfully.

ADAY KHUSHBOO

No.UD./Com !

20

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

Professorand blead Department of Commerce Deversitment with bommerce

University of Mumbai

mkr



2014-15 GR.NO-4077 University of Mumbai DEPARTMENT OF COMMERCE Tel No.: 91-22-26522677 University of Mumbai, 91-22-26543322 Vidyanagari Campus, Kalina, 91-22-26543323 Santacruz (East), MUMBAI - 400 098. (INDIA) Date: 20 11 I beg to state that I am seeking admission to the M.Com. / Ph.D. Class of this Department and have, therefore to request you kindly send my Transference Certificate to the Head University Department of Commerce. the B.Com./M.Com. Class VOUL in College ommerace during the 1st/2nd term of the academic year Yours faithfully. (Munita Hashmi) /20

No.UD./Com/

From:

To:

Dear Sir.

HASHMI

The Principal,

Forwarded with compliments to the Principal

College for favour of compliance

Professionsault lead Department of Commerce Repailment Mti Clammerce

University of Mumbal

mkr



I/c Principal Patuck - Gala College of

Commerce & Management Santacruz (E), Mumbai-400 055

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. .

JAIN

(Surname)

RANJANA (Own Name) HARISH KUMAR JAIN (Father's/Husband's Name) College Code: 279 SUMITRA JAIN

(Mother's Name)

Residential address of

ROOM NO 7 JAMBUL KAKA WADI TRIVENI CHAWL SHRADHHA NAND ROAD VILE PARLE EAST , 0, Mumbai, Mumbai City, MUMBAI, Maharashtra

the student:

Pincode: 400057 Contact no. 9892429561

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA 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. 3074349)

My Date of Birth is 21/01/1998

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

l 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:

I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAL
OR. SHANKAR DAYAL SHARMA BHAVAN.
YOYANAGARI, KALINA,
SANTACRUZ (EL MUMBAL-400 P.95.

University of Mumbai, Vigyanapan, Mumbai, Vigyanapan, Mumbai, St.

(Student's Signature)

Document printed on Sat Aug 18 2018 13:13:51 GMT+0530 (India Standard Time)

MUMBAI-55 MM

GR. 100	38/3-14
Direct Tel. No. :	91-22-26522677
	04 22 36542222

Tel. No.

91-22-26543323

University of Mumbai



DEPARTMENT OF COMMERCE

University of Mumbai, Vidyanagari Campus, Kalina, Santacruz (East),

MUMBAI - 400 098. (INDIA)

Date: 22/11/2018.

Paid RS.100/-R.NO -1822

То:

The Principal,

Dear Sir.

I beg to state that I am seeking admission to the M.Com. / Ph.D. Class of this Department and have, therefore to request you kindly send my Transference Certificate to the Head University Department of Commerce.

attended the B.Com./M.Com. Class in vour College subject during the 1st/2nd term of the academic year

No.UD./Com/

/20

Forwarded with compliments to the Principal

College for favour of compliance.

Professor and Head, Department of Commerce University of Mumbail Commerce

University of Mumbai

mk r



I/c Principal

25 NO 2016 - 17

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. .

GAWAS

SAILEE

SADANAND

TRUPTI

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the roon no. 2, ghanekar chawl, shree krushn nagar, vakola pipe line, santacuze east, mumbai 400055, 0, Mumbai, Mumbai City, mumbai, Maharashtra

student:

Pincode: 400055

Contact no. 8779648974

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE,

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 2017 Examination (Seat No. 6237393)

My Date of Birth is 31/07/1997

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

I/C DIRECTOR ASSTITUTE OF DISTANCE AND OPEN LEARNING (1001) INIVERSITY OF MUMBAI OR, SHANKAR DAYAL SHARMA BHAVAN. VIDYANAGARI, KALINA

SANTACRUZ (EL MUMBALARO 005

(Student's Signature)

Document printed on Sat Aug 25 2018 11:17:39 GMT+0530 (India Standard Time)

Direct Tel. No.: 91-22-2652 2677

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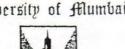
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Tei. No

91-22-2654 3322

91-22-2654 3323

University of Mumbai



DEPARTMENT OF COMMERCE University of Mumbai, Vidyanagari Campus, Kalina, Santacruz (East),

MUMBAI - 400 098. (INDIA)

Date: 13. 08.2018

From: Nazma Amulullah Sido Amirullah Compound Kalina Shashi Chunna Bhatti nea Sunni Kaza musical Santaciuz (F) Mum - 29

To: The Principal, gala College of Commerce & management. Nahru road, rutamba Patuck marg, vakola Bridge Santacruz(E) Mum. 40005\$ Dear Sir,

I beg to state that I am seeking admission to the M.Com. / Ph.D. Class of this Department and have, therefore to request you kindly send my Transference Certificate to the Head University Department of Commerce.

		the	B.Com./M.Com.	Class	in	your	College	in	the	subject
B. Ce	m.			Cr. Same make the same	du	ring the	1st/2nd term	of the	e acade	mic year
2015	. to 20	18								

Yours faithfully.

Nazma Amirahah Siddi yli

No.LID./Com !

20

Forwarded with compliments to the Principal

College for favour of compliance.

Professor and Head, Department of Commerce University of Mumbal, Head

epartment of Commerce

University of Mumbai

mkr



05/10 / 1

Name & Address of the Applicant } KHAN ONEZ AHMED.

614, 1ST FLOOR, BISMILLAH SOC.

HALAY POOL, NR. GOOD LUCK DAIRY. KURLA (W) MUM: 400070. Contact No. 9930860890.

> Shobha Jayaram Shorty College for 1965. Kurla (Bast), Marmbai - 408 070.

	UNTS / ALC / APPL / TC / 20	- /	Date	: 27/11/18
Th	ne Principal			
	PATUK GALA COLLEGE.			
	SEHRU ROAD, VAKOLA(E)			
	NUMBAT: 400055.			
	ame and Address of the Previous College attende	ed by the Student)		
Su	ubject - Transference Certificate			
Re	eference - N.O.C. No Da	ite	issued by your	College.
Sir				
SA for dui	Mr./Ms.OVEZ AHMED TREA ANGHA MUMBAI Anna Leela College of r BMS, Kurla (East), Mumbai - 400 070 uring this academic year 20 20 . I v	f Commerce and Ed in Class ⋈.com P ~ was a student of yo	onomics & Shobh L. Adm.No. our College previo	a Jayaram Shetty College Roll No. usly and I give below all
BU	urticulars about it. I have to request you JNTS SANGHA MUMBAI Anna Leela netty College for BMS, Kurla (East),	to kindly send my College of Comm	Transference Ce erce and Econon	rtificate to the Principal, nics & Shobha Jayaram
The	e necessary fee of Rs. 100/- (Rupees	One Hundred only)	has been paid by	me through this college.
		MY PARTICULAR		
1.	Name of the Student : NAM CO	OVEZ AHME!	DIRFAN A	HMED.
2.	I attended the Class in your College of the academic year 20 18- 20 19	during 1st Term /	2nd Term / Both	Terms
	My Division and Roll No. in your Col			
1.	My Date of Birth is 20th Apr. 1996	(in words 1HT	RTY APRIL 1	JINTEEN NINTYSI)
5.	My optional subjects were			
3.	I * passed / failed in / did not appea of the year 20) 7. * Strike out which is not applicable	r at / did not fill in	Examination For	m for the Examination
(in	ndly send the confirmation of Enrolmen	t / Fligibility Letter	No and date of the	ne University of Mumbai
	and definitional of Emounter	t / Liigibility Letter		
				urs faithfully,
			18:4	of the Student
			(Signatur	re of the Student)
	ANNA LEELA COLLE	M SHETTY CO	LLEGE FOR I	BMS
Sh	hashi Manmohan Shetty Higher Education Complex,	Buntara Bhavana Marg	Moria (East), Wagifibal	
	hashi Manmohan Shetty Higher Education Complex,	Gala	MUMBAI-55	Patuck Gala Called
UI		inal	MUMBAI-55 S Da	Patuck - Gala College Commerce & Manager

paid & Mo-1857 UNI

UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

Dr. Shankar Daval Sharma Bhayan.

Vidyanagari, Santacruz (east), Mumbai-400098

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

From:

Shri / Smt. /Kum. .

SHINDE

DEEPALI

LAXMAN

College Code: 01 **CHHAYA**

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of SUNDER NAGAR SARJU GUPTA CHAWL NEAR YOGIRAJ ASHRAM ROAD KALINA SANTACRUZ EAST, the student:

0, Andheri, Mumbai Suburban, MUMBAI, Maharashtra

Pincode: 400098

Contact no. 9867837993

To.

he principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK COLLEGE,

Sir / Madam.

I am to state that I have taken provisional admission to the M.Com-Distance Education-2017 Pattern-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 TYBCOM 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 2015 Examination (Seat No. 1013647)

My Date of Birth is 04/09/1994

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:

I/C DIRECTOR INSTITUTE OF DISTANCE AND OPEN LEARNING (1001) UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAVAN. VIDYANAGARI, KALINA, SANTACRUZ (E), MUMBALARO 095

(Student's Signature)

Document printed on Wed Nov 01 2017 15:22:57 GMT+0530 (India Standard Time)



8/29/2018

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UNIVERSITY OF MUMBAI GR. NO. 4326

Institute of Distance and Open Learning 98.00.48

Dr. Shankar Daval Sharma Bhavan

agari, Santacruz (east), Mumbai-400098

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

From:

Shri / Smt. /Kum. .

VIVIAN

VARGHESE

College Code: 279 DAISY

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

606, SAURPARNIKA CO-OP HSG.SOCIETY LTD, KOLIVERY VILLAGE, KALINA SANTACRUZ (EAST), 0, Mumbai, Mumbai City, MUMBAI, Maharashtra

Pincode: 400098 Contact no. 9833571527

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE,

NA

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. 3075244) My Date of Birth is 12/05/1993

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:

I/C DIRECTOR INSPITUTE OF DISTANCE AND OPEN LEARNING (1001) UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAVAN, VIDYANAGARI, KALINA, SANTACRUZ (E), MUMBAT-ARD POS

is VIVIA (Student's Signature)

Document printed on Wed Aug 29 2018 10:11:19 GMT+0530 (India Standard Time)

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UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

paid Rs. 100/

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

R.NO. 1883 00 GR.NO-3252

University Department 49 Application for Transference Certificate from the last attended College /

From:

Shri / Smt. /Kum. .

LAD (Surname) **SWAPNALI** (Own Name) SATISH

(Father's/Husband's Name)

SHUBHANGI

(Mother's Name)

College Code: 279

Residential address of the Room No. 106, E1, Yashodha Building Pramila Nagar, Near MacDonald Dahisar (West), 0, Boriwali, Mumbai student:

Suburban, Mumbai, Maharashtra

Pincode: 400068

Contact no. 9699740710

8369618428

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA 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 March 2015 Examination (Seat No. 1013115)

My Date of Birth is 06/11/1993

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:

INSTITUTE OF DISTANCE AND OPEN LEARNING (DOL) UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAVAN. VIDYANAGARI, KALINA, SANTACRUZ (E), MUMBAI-400 099

Signature)

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RND 190)
Dr.

Vidyanage
Application (
Vidyanage) UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

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

From:

Shri / Smt. /Kum. .

RATHOD

NIRAV

DINESH

more chawl milind nagar gaodevi, 0, Kurla, Mumbai Suburban, mumbai, Maharashtra

MANISHA

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

College Code: 279

Residential address of the student:

Pincode: 400055 Contact no. 9769743799

To.

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK,

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. 3074884)

My Date of Birth is 03/02/1997

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

1 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:

INSPITUTE OF DISTANCE AND OPEN LEARNING (IDOL) UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAVAN, VIDYANAGARI, KALINA, SANTACRUZ (E), MUMBAI-400 095

Signature)

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8/30/2018

Period PS. 100 UNIVERSITY OF MUMBAI CONTROL OF M

Vidyanagari, Santacruz (east), Mumbai-400098

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

From :

Shri / Smt. /Kum. .

MALIK (Surname) SABREEN (Own Name) USMAN

(Father's/Husband's Name)

College Code: 279 SALMA BEGUM

(Mother's Name)

Residential address of the near gandhi nagar graund EA/1 GANDHI NAGAR 213 bazar ward new mill road kurla west, 0, Kurla, Mumbai student:

Suburban, MUMBAI, Maharashtra

Pincode: 400070

Contact no. 8433865324

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA 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 TY.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. 3074560)

My Date of Birth is 02/06/1995

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:

INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL) UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAVAN, VIDYANAGARI, KALINA, SANTACRUZ (E), MUMBAI-400 P98

(Student's Signature)

Document printed on Thu Aug 30 2018 21:37:35 GMT+0530 (India Standard Time)



UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Sano-52. Pe-1001-

Vidyanagari, Santacruz (east), Mumbai-400098

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

From:

AFRA

MOHAMMED AZAM

College Code: 279 RUKHSANA

Shri / Smt. /Kum. .

KHAN (Surname)

(Father's/Husband's Name) (Own Name)

(Mother's Name)

Residential address

40 LAKDAWALA BLDG ROOM NO 8 1ST FLOOR TANK STREET SURTI MOHALLA NEAR J.J HOSPITAL MUMBAI CENTRAL, 0, Mumbai, Mumbai City, MUMBAI, Maharashtra

of the student:

Pincode: 400008

Contact no. 7506557573

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE,

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 TY.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. 3074428)

My Date of Birth is 09/08/1998

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

INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL) UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAYAN, VIDYANAGARI, KALINA, SANTACRUZ (E), MUMBAI-AND 1999

(Student's Signature)

Document printed on Thu Aug 30 2018 19:22:57 GMT+0530 (India Standard Time)

of Com



Pard Ps. 100 L R.NO - 2042

Gala College of

Commerce & Management



UNIVERSITY OF MUMBAI INSTITUTE OF DISTANCE EDUCATION GR.NO .3378

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

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

Colle	ge / University Departm	ient	
		College	
From:		Code :_	
Shri/Smt. Kum. SHARMA	POOJA	SABHAJEET	MITHILESH
(In Block Letters) (Surname)	(Own Name)	(Father's/Husband's Name)	(Mother's Name)
Residential address of the student $H-22$, GROUND FLO	OR :	1.
RTZVI PARK SANLACR	UZ WEST 1	NUMBAT 40005	4
P. Code: 40054	Tel, No.	9769248511	.
To .			
The Principal / Head of the University Dept.		* * *	
(Full Name and Address of the last attended Co	ollege / University Dept.)	DY. SHANKAR D	AYAL SHARMA
BHAVAN VIDYANAGARI		1	1
MUMBAI . 400098 MA	HARASHTRA	(INDIA)	
Through	ah Asstt. Registrar (Adm	.) I.D.Ę.	
Sir / Madam,		Let 12	1
' I am to state that I have taken provisi	ional admission to the	M.COM Class	s in the institute of
Distance Education of the University of Mumb	ai on the basis of the No C	Objection Certificate dated	
issued to me by the College / University Dept			
lattended the M.COMPART-TClass	(Div Roll No.	3243) during the First/Se	cond Term/s of the
ademic year 2016 - 2018 at your Co	ollege and passed/failed/w	vas awarded A.T.K.T. at the e	xamination held by
University Dept. / College in April/October My Date of Birth is 12/06/199		ation (Seat No.	
I am enclosing the attested xerox coppaid the T.C. Fee of Rs. 100/- at the In titute	of Distance Education at	the time of admission.	ation/s. I nave also
I am to request to sent my Transisren University of Mumbal, Vidyanagari, Santa	ice Certificate directly to cruz (East), Mumbai - 4	the Director, Institute of Di 00 098 at the earliest.	stance Education,
Thanking you,	7.	DISTANCE	
	. Verified by	Uni Z	Yours obediently,
		Unheren of Control of	of A
110	(U) 1/2	The state of the s	123
Date: 17/01/2019	(Signature of the Adm.	SLERYINA (S	tudent's Signature)
N.B.: 1) This Application for Transfer	rence Certificate must b	ne submitted at the admission	7
those students who seek adn	nission to I.D.E. on the ba	sis of N.O.C. from the affiliat	ed college or the
Department of the University	of Mumbai last attended	by thems of bonning.	MA

The old students of I.D.E. are NOT required to fill up this form.

(University of Mumbar) IDBL.



R.NO - 2043

Park - Gala College of Commerce & Management Santacruz (E), Mumbai-400 055

Paid Rs 100/-



UNIVERSITY OF MUMBAI INSTITUTE OF DISTANCE EDUCATION GR.No. 3400

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

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

				College	4
From:	NGH	SAKSHI	ASHOK	ode :	BIBHA
Shri / Smt. Kum	(Surname)	(Own Name)	(Father's/Husband	s Name)	(Mother's Name)
Residential address of the student	GAZD	HAR BAN	DDH_		
			2007	10 15	-,
F. Sode: 4000 54	-,	Tel, No	99870	6305	<u> </u>
То		*			
The Principal / Head of the Unive					
(Full Name and Address of the las	st attended Colleg	e / University Dept.)	DR. SHA	NKAR	DAYAL
SHARMA BHAVAN	. UIDAN	AGARI K	ALINA SA	NTACR	UZ LAST
(IDOL) MUMBI		3			1.5
	Through A	sstt. Registrar (Ad	m.) I.D.E.		
	"神事"	w a 5	1. 1		1.
I am to state that I have Distance Education of the Unive	taken provisiona				in the institute of
I am to state that I have Distance Education of the Unive issued to me by the College / Unive	taken provisiona rsity of Mumbai on niversity Dept.	n the basis of the No	Objection Certifica	te dated	
I am to state that I have Distance Education of the Universities to me by the College / Universities I attended the M-(ON-2018 - 19	taken provisiona rsity of Mumbai or niversity Dept. Part I Class (Di	n the basis of the No v Roll No ge and passed/failed	Objection Certifica) during flavors awarded A.T.K	te dated the First/Sec T. at the exa	ond Term/s of the
I am to state that I have Distance Education of the University issued to me by the College / University I attended the M-(ON-	taken provisiona reity of Mumbai or hiversity Dept. Part I Class (Di at your Colleg April/October O	n the basis of the No vRoll No ge and passed/failed C D EX	Objection Certifica) during flavors awarded A.T.K	te dated the First/Sec T. at the exa	ond Term/s of the
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I am to state that I have Distance Education of the University Dept. / College / University Dept. / College in I am enclosing the atterpaid the T.C. Fee of Rs. 100/- I am to request to sent University of Mumbal, Vidyan	taken provisional resity of Mumbai or niversity Dept. Part II Class (Diast Your College April/October October	n the basis of the No vRoll No ge and passed/failed C D C Exam f the mark-sheet/s or Distance Education Certificate directly z (East), Mumbai	objection Certification during the during the was awarded A.T.K. ination (Seat No	the First/Sec T. at the exa 2/4/2 ed examination. titute of Dist	ond Term/s of the amination held by

paid Ps. 100 | - 2257 2015-16 ST:NO.55 DEPARTMENT OF COMMERCE Direct Tel. No.: 91-22-2652 2677 University of Mumbai University of Mumbai, 91-22-2654 3322 Tel. No. Vidyanagari Campus, Kalina, 91-22-2654 3323 Santacruz (East), MUMBAI - 400 098. (INDIA) Date: 13 | 08 | 18 From: KHAN HABZBA FAROCH AL ROOM NO. G. YASEEN KHAN CHAWL SHASHTRZ NAGAR KALONA, SANTACRUZCE) MOMBA2 - 400029 To: The Principal, PATUCK GALA COLLEGE PATUCK CAMPUS, 100, NEHRU ROAD, RUSTOMBA PATUR, MARCI VAKOLA BRIDGE, MUMBO-4000-655 Dear Sir.

> I beg to state that I am seeking admission to the M.Com. / Ph.D. Class of this Department and have, therefore to request you kindly send my Transference Certificate to the Head University Department of Commerce.

the B.Com./M.Com. Class in your College brushing Corn care ace fee maniquing the 18/2" term of the academic year 2015 - 2018

Yours faithfully.

No.UD./Com /

Forwarded with compliments to the Principal_ College for favour of compliance.

Professor and blead, Department of Commerce

University of Mumbaio mmerce

University of Mumbai

mkr



GR.NO-2397

Br. In

786 p. No.

2010-11

Patuck - Gala College of Commerce & Management Santacruz (E), Mumbai-400 055

UNIVERSITY OF MUMBAI INSTITUTE OF DISTANCE EDUCATION

Dr. Shanker Dayal Sharma Bhavan, Vidyanagari, Santacruz (East), Mun. 1 - 400 098.

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

			Colleg	•
m: mo			Code	1
nri/Smt. Kum.	BHOGALE	SANTOSH	BALKRISHNA	
Block Letters)	(Surname)	(Own Name)		
esidential address of	the student 150/4/6	, Chhatrapati hatma soà	Magar, Vikas	Committee M (E)
20de: 40	1055	Tel. N	lo,	
e Principal / Head	of the University Dept.			
ull Name and Addre	ess of the last attended C	ollege / University Dept.) Patrick Gala	Collegeat
mmerce	2 Managemen	1. Ne hame	Road, Yaka	la Bridge
Sontamer			, , ,	, , ,
	Throu	gh Assit, Registrar (A	dm.) i.D.Ę.	1
/ Madam,	"福油"户			
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stance Education		oal on the basis of the N	io Objection Certificate date	
stance Education of sued to me by the l attended the ademic year	of the University of Mumb College / University Dep le The Clas at your C //College in April/October	t. s (DivRoll N college and passed/faile		st/Second Term/s of the he examination held by
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I attended the determining of the sued to me by the lattended the dedemic year	of the University of Mumb College / University Dep te T.Y.B. Com Clas old at your C // College in April/October Birth is 29/07/109 ing the attested xerox co f Rs. 100/- at the Institute	pai on the basis of the Not. s (Div	o Objection Certificate date o) during the First d/was awarded A.T.K.T. at the mination (Seat No) of the above mentioned example at the time of admission. y to the Director, Institute of	st/Second Term/s of the he examination held by 84) amination/s. I have also of Distance Education,

9768864261 paid 15. 100 L'RNO - 2914 OK APPLICATION FOR TRANSFERENCE CERTIFICATE (IN DUPLICATE) From: - Name of the Student Mr/Miss Mrs. Chhap Rampwadh Vishcoakama 2011-12 Public Night Degree College of Arts & Comm. Hind Nagar, Aaram Society Road., Santacruz (E), MUMBAI - 400 055. Date: - 7-02-2019 To, The Principal, Patuck Grala Callege Menor Road, vakola Borida Santocoluz (E) Mum - 05 Sir, I am to state that I am seeking admission to the MCCM-I Class Division A: Roll No. 34 to this College and request that you will be good enough to send my Transference Gertificate to the Principal of this College (Attached Xerox Copy of Fee Receipt). I remit herewith Rs. 100 being the fee for Transference Certificate and Rs. ____ as late fee (if charged). I attended the TyBccm Class, Division Roll No. in your College during the Ist/IInd Term or both terms of the year 2014. - 2015 and Passed/failed at the TyB Com class, at College/ Uni. Examination of the year 2014-15. My college exam/UNI exam Seat No. was 20037 Yours faithfully, Signature of the Student). I/c Prindipal Patuck' - Gala College of Commerce & Warragement Santacruz (E), Mumbai-400 055 P N D C Ref. No. TC/-Date: -Forward With compliments to the Principal Public Nigh College for favour of compliance

MUMBAI-55.

Principal
Public Night Degree College
Hind Nagar, Vakola, Santaciuz (E),
Mumbai - 400 055.

1/29/2019

UNIVERSITY OF MUMBAI

Paid Ps. 100 |-R. No. 3065

CONTACT NO- 9870474425

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.

VIRANI (Surname) KARISHMA FATEMA

SADIQUE HUSSAIN

College Code: 279

YASMEEN

Residential address of the

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

219, F/6, Goawala Compound Opp. Sahara Hotel, Off. LBS Marg Kurla West, 0, Kurla, Mumbai Suburban,

student:

Mumbai, Maharashtra

Pincode: 400070

Contact no. 9967097865

To.

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE OF COMMERCE AND MANAGEMENT,

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 March 2014 Examination (Seat No. 20030)

My Date of Birth is 06/01/1994

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:

I/C DIRECTOR INSTITUTE OF DISTANCE AND OPEN LEARNING 800U UNIVERSITY OF MILMBAL DR. SHANKAR DAYAL SHARMA BHAYAN VIDYANAGARI, KALINA

SANTACRUZ (EL MUMBALADO POS

(Student's Signature)

Document printed on Tue Jan 29 2019 16:39:03 GMT+0530 (India Standard Time)



Paid RS-100 V R.NO -3126



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:	Code :
Shri/Smt. Kum. Naaz Sharif N	oori watridurinisher
(In Block Letters) (Surname) (Own Name) (Father's/Husba	The state of the s
Residential address of the student Madeursher cherul she	
Jarimari Kuster (w) Anotheri Road Mus	With a series of the series of
Pin Code: 4000 72 Tel. No. 7039	543238
To	
The Principal / Head of the University Dept.	
(Full Name and Address of the last attended College / University Bent) nutuel	Acilon
collège (E) Santainer (E) Mi	imbai 400055
Through Asstt. Registrar (Adm.) D.E.	200
	· ·
Sir / Madam,	
I am to state that I have taken provisional admission to the	Class in the institute of ate dated
l attended the T. Y. B. Comclass (Div. B. Roll No. 113) during amic year at your College and passed/failed/was awarded A.T. the driversity Dept. (College in Anti/Octob	VT III
the University Dept. / College in April/October 2015 Examination (Seat No	1180435
I am enclosing the attested xerox copy of the mark-sheet/s of the above mention paid the T.C. Fee of Rs. 100/- at the Institute of Distance Education at the time of admi	ission.
I am to request to sent my Transference Certificate directly to the Director to	The state of the s
in a series of the early Mumbal - 405 098 at the early	rilest.
Thanking you,	
Verified by	Yours obediently,
Date: (Signature of the Adm. Clerk)	(Stude Camp
	(Student's Signature)
those students who seek admission to I for the back of N.O.C. from Department of the University of Number Rest attended by them.	ne admission occunter by only m the affiliated college or the
2) The old students of I.D.E. are NOT required to Alas form.	I/c Principal
The way have a second and the second	Patuck - Gala College of Online Ce & Management

Santacruz (E); Mumbai-400 055

Paid 88. 100/ Paid 88. 100/

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

SG. NO. 62

Shri / Smt. /Kum. .

SHIRWADKAR

POOJA

VIJAY

VAISHALI

Residential address of

(Own Name) (Surname) PUCHANNA CHAWL, KHANDWALA COMPOUND NEAR PRAGATI NAGAR, VAKOLA BRIDGE, , 0, Andheri,

(Father's/Husband's Name)

(Mother's Name)

the student:

Mumbai Suburban, Mumbai, Maharashtra

Pincode: 400055

Contact no. 8652613858

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE,

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 Dent.

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 June 2016 Examination (Seat No. 1231565)

My Date of Birth is 16/08/1995

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

Comm

Yours obediently

Date:

I/C DIRECTOR INSTITUTE OF DISTANCE AND OPEN LEARNING (IGOL) UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAVAN,

VIDYANAGARI, KALINA, SANTACRUZ (E), MUMBALADO POS

Dinne)

I/c Prińcipal

Patuck - Gala College of Commerce & Management Santacruz (E), Mumbai-400 055

Document printed on Fri Aug 31 2018 22:26:40 GMT+0530 (India Standard

4/7

Signature)

18-19

Application for Transfer certificate

Patuck Gala College, Santacruz (E).

This is to inform you about my further admission after graduation in your college done in year 2011.

I hereby request you to provide me Transfer certificate for my further admission done in Bhazing Vidyapeeth University of pune (Distance Education) Eurrently. (MMS)

Details of college university mantioned below;
Bharating Vidyapeeth (Deemeel to Be University)
Bharating Vidyapeeth Bhavan
CHELOOT LBS Marg Pure-411030
CMail- distance & bharatividyapeeth eedu.

Your Sincerety,
Anmir S Showith

XStudent

Patrick Gala college

GR NO1414.

D. T

9702496858



14-15 GR.NO. 4369 9920881741



Bombay Suburban Art & Craft Education Society's Sheila Raheja School of Business Management & Research

Raheja Education Complex, Kher Nagar, Opp Chhatrapati Shivaji Ground, Bandra (East), Mumbai - 400 051. www.srbs.edu.in

Telephone No.: (022) 61966640 /61966666.

Date: 12/07/2018

Commerce & Management Santacruz (E), Mumbai-400 055

APPLICATION FOR TRANSFERENCE	CERTIFICATE
Mr. Ms. ABDUL AZIM KHAN 7512 KOLOVERN WILLAGE, KALINA, SANTACRUL EAST, MUMBAI 400029	
To:- The Principal, Patuck Vala College of Management	
Sir,	
I was a student of your college for the <u>BMS</u> degree (Roll No) and passed the said degree examination (Seat No. 6350076).	during the academic year 2016-17 n held by the University of Mumbai in
I have during this academic year i.e. (2018-2020), sought Management Studies) Two year full time course of the Univer School of Business Management & Research Bandra (E), Mun	rsity of Mumbai at the Sheila Raheja
I request you that my Transference Certificate be sent to the Direct Management & Research Raheja Education Complex, Kho Ground, Bandra (East), Mumbai – 400051 at an early date.	
Thanking you, Yours obediently,	
Ablan	
Name of the Student: - Abdul Azm Khan	
No. SRBS/ / 2018.	Date:
Forwarded with compliments to The Principal,early compliance	for favour of
	. /
Dr. Vijay Wagh Director	dates for our information.

11/17/2017

ST-NO.57

UNIVERSITY OF MUMBAI GR. No. 1982

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. .

SHAIKH

KAIFI

College Code: 01

Residential address of the

(Surname)

BILKISH

student:

(Own Name)

302 A wing 3rd floor Salim house building Near kartika high school New hall road, 0, Mumbai, Mumbai City, (Father's/Husband's Name)

Contact no. 9892446704

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE, NA

Sir / Madam,

I am to state that I have taken provisional admission to the M.Com-Distance Education-2017 Pattern-M.Com I-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 bachelors in business management Class (Roil 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 2012 Examination (Seat No. 5485)

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,

Thanking You,

Verified by

Yours obediently

(Student's

Signature)

Date:

ASTATUTE OF DISTANCE AND OPEN LEARNING (IDD) UNIVERSITY OF MUMBAI HANKAR DAYAL SHARMA BHAYAN, VIDYANAGARI, KAUNA, SANTACRUZ (E), MUMBAL-400 000

Document printed on Fri Nov 17 2017 13:18:01 GMT+0530 (India Standard Time)



I/c Principal

Parg 88.100/-

INSTITUTE OF DISTANCE EDUCATION UNIVERSITY OF MUMBAI

Dr. Shankar Dayal Sharma Bhava, Vidyanagari Campus, Kalina, Santacruz (East), Mumbai - 400 098.

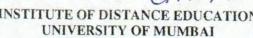
Application for Transference Certificate 6

From:		College / University	ity Department	
Shri/Smt/Kum	BANJAN	SHILPA	NAGESH	r and and
Residential Address	of the student 4001	MARTIL	1.17 -112	(Mother's Name)
VILLAGE,	KALINA SA	NTACRUZ E	AR T	we, Rollv
Pin Code 4000	98		Tel. No.:_ 7045	152592
To			101.1404096	13
The Principal/Head of	f the University Dept.			
(Full Name and Addre	ess of the last attended C	College / University D.	PATULK C	4 - 14.50
Of COMM	ERCE AND M	4 ANCAGEMEN	Spill JATOOR GI	MA COUEG
	Through /	Asstt. Registrar (Adn) IDE	
Sir/Madam,		Authorite Author	1.) 1.D.E.	
Issued to me by the Constituted the Term/s of the academic examination held by the No. 1092219 I am enclosing also paid the T.C. Fee of I am to request to sen	c year 2014 - 2015 the University Dept./ Col the attested xerox copy of Rs. 100/- at the Instituted d my Transference Co	lass (Div. R at your College and lege in April/Oetober of the mark-sheet/s of the of Distance Educat	Class No Objection Certificate da oll No) during Passed/failed/was awarded 2014 - 2015 E. the above mentioned examine at the time to admission the professor-cum-Directors, Kalina, Santacruz (Education)	the First/Secondd A.T.K.T. at the xamination (Seat mination/s. I have n.
Thanking you,		erified by University of Mumbal Vidyanegari		obediently,
Date: 05/04/19	(Signature	11913 Mumbel 18	(Stude	mt's Signature)
Department o	s who seek admission to of the University Of Mur	I.D.E. on the basis of	N.O.C. from the affiliated	ounter by only college or the

2. The old students of I.D.E. are NOT required to fill up this form.

Paid Ps. 100 | So. No.65 - GR. No. 3524

R. No. 76
INSTITUTE OF DISTANCE EDUCATION



Dr. Shankar Dayal Sharma Bhava, Vidyanagari Campus, Kalina, Santacruz (East), Mumbai - 400 098.

Application for Transference Certificate from the last attended

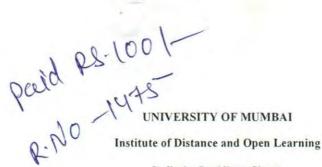
From:		College / Univers	ity Department	
Shri/Smt/Kum	YADAV	ANITA	INDEASIT	CHAMELI
(In Block Letters)	(Surname)	(Own Name)	(Father's/Husband's Na	nme) (Mother's Name)
Residential Address of	f the student NEAR			
	ARLI CHAWL,			
Pin Code_ 4000	98		Tel. No.:88	49244506
То			4	
The Principal/Head of	the University Dept.	er de barra y		
		College / University D	Dent) PATULE	GALA COLLEGIE
OF COMME	ERCE AND M	ANAGEMENT	4	
			v'	
	Through	Asstt. Registrar (Ad	m)IDF	
Sir/Madam,	Imough	Asstr Registral (Au	III.) I.D.E.	
examination held by the No. 1093904 I am enclosing also paid the T.C. Fee	year 20 /4 - 2015 The University Dept./ Compare the attested xerox copy of Rs. 100/- at the Institute of the state of the	Class (Div at your College are ollege in April/October y of the mark-sheet/s elitute of Distance Educ	of the above mentione ation at the time to ad	turing the First/Second awarded A.T.K.T. at the Examination (Seated examination/s. I have Imission.
Distance Education, 1 400 098 at the earliest Thanking you,	University Of Mumb	ai, Vidyanagari Can	npus, Kalina, Santac	eruz (East), Mumbai –
manking you,		Ariver most sent	A I	Yours obediently,

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.





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.

MANDAL

GUDDI

RANJEET

College Code : 279
MANISHA

Residential address of the

he

(Own Name) (Father's/Husband's Name)

(Mother's Name)

ROOM NO-528,MILIND NAGAR GAONDEVI VAKOLA, PIPELINE, 0, Mumbai, Mumbai City, MUMBAI, Maharashtra

student:

Pincode 400055 Contact no. 9768730237

To

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE OF COMMERCE AND MANAGEMENT,

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 BANKING AND INSURANCE 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 January 2016 Examination (Seat No. 1106.)

My Date of Birth is 08/05/1992

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

Sudde

(Student's

Signature)

Date

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

University of Mumbal, Vidyanagan, Mumbal, 28

Document printed on Sun Aug 12 2018 14:19:43 GMT+0530 (India Standard Time)

I/c Principal
Patuck - Gala College of

Commerce & Management Santacruz (E), Mumbai-400 055 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. .

GAWADE

SONALI

RAJARAM

PRABHAVATI

Sill i Still, Acuit

(Surname)

(Own Name) (Fath

(Father's/Husband's Name)

(Mother's Name)

Residential address of the

student:

room no-101,pragati chawal, waghari vada,datta mandir road , , 0, Andheri, Mumbai Suburban, mumbai, Mahara: ' 'ra

Pincode: 400055

.

Contact no. 7977365882

To.

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLAGE,

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.

Lattended the Banking And Insurance Class (Roll No. NA.) during the First/Second Terms of the Academic year $N\Lambda$ at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in September 2017 Examination (Seat No. 6326391)

My Date of Birth is 21/02/1996

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:

I/C DIRECTOR

WESTITUTE OF DISTANCE AND OPEN LEARNING (IGGU)

UNIVERSITY OF MUMBAI

DR. SHANKAR DAYAL SMARMA BHAVAN.

VIOYANAGARI, KAUNA.

VIDYANAGARI, KALINA, SANTACRUZ (E), MUMBAI-400,095 University of Munnai Victoriagen Munbai 98

(Student's Signature)

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MUMBAI-55 MM

Paid PS. 100 / R. NO-165/ R. NO-165/ http://idoloa.digitaluniversity.ac/ApplicationStatus/PrintApplication UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

Dr. Shankar Daval Sharma Bhayan,

Vidyanagari, Santacruz (east), Mumbai-400098

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

From:

Shri / Smt. /Kum. . SHINDE AKSHAY

College Code: 279

(Surname)

(Own Name)

(Father's/Husband's Name)

ANJALI (Mother's Name)

Residential address of the student:

B-45, DADAMIYA CHAWL DAWARI NAGAR GATE NO 01, VAKOLA, SANTACRUZ EAST, 0, Andheri,

BALWANT

Mumbai Suburban, SANTACRUZ, Maharashtra

Pincode: 400055

Contact no. 8286622683

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK COLLEGE OF COMMERCE AND MANAGEMENT,

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 Bachelors of Commerce Banking and Insurance 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 September 2017 Examination (Seat No. 6326853)

My Date of Birth is 06/07/1996

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:

HC DIRECTOR INSTITUTE OF DISTANCE AND OPEN LEARNING HOOF UNIVERSITY OF MUMBAI DR. SHANKAR DAVAL SHARMA BHANAN. VIOTANAGARI, KALINA,

SANTACHIZ IF! MIMBALARE NOS

(Student's

Signature)

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of Comm

I/c Principal Patuck - Gala College of Commerce & Management

Santacruz (E), Mumbai-400 055

Paid RS. 100/ R. No. 1697 Applican Institute of Distance and Open Learning

UNIVERSITY OF MUMBAI

BBT-15/16 =

S8.NO.28

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

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

From:

Shri / Smt. /Kum. .

VERMA (Surname) ANTIM (Own Name) BANSHIDHAR

(Father's/Husband's Name)

SUMAN (Mother's Name)

College Code: 279

Residential address of the 96 GHISARANCHI CHAWL DAYAMA MARG KHERWADI NR GANPATI MANDIR, 0, Andheri, Mumbai student:

Pincode: 400051

Suburban, MUMBAI, Maharashtra Contact no. 8369233235

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA 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 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 April 2018 Examination (Seat No. 3186652)

My Date of Birth is 25/06/1997

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

(Student's Signature)

MISTATUTE OF DISTANCE AND OPEN LEARNING HOOD UNIVERSITY OF MUMBAI HANKAR DAYAL SHARMA BHAVAN, VIDYANAGARI, KALINA, SANTACRUZ (E), MUMBAI-400 095

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of Comm

I/c Principal

Patuck - Gala College of Commerce & Management

Santacruz (E), Mumbai-400 055

Paid RS. 100 UNIVERSITY OF MUMBAI

R. NO 1316 Institute of Distance and Open Learning

1576 58.NO.32

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. .

PATII

DHIRAJ

RAMCHANDRA

College Code: 279 BEBITAI

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the RM NO-6, GAJANAN KRUPA SOCIETY SHINGRE WADI BAIL BAZAR KURLA WEST, 0, Kurla, Mumbai

Suburban, Mumbai, Maharashtra

Pincode: 400070

Contact no. 7738752870

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA COLLEGE OF COMMERCE AND MANAGEMENT,

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. 3186400) My Date of Birth is 07/03/1998

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:

I/C DIRECTOR INSTITUTE OF DISTANCE AND OPEN LEARNING GOOD! UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAVAN. VIDYANAGARI, KALINA.

SANTACRUZ (E), MUMBALADO POS

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of Comp

I/c Principal

Patuck - Gala College of Commerce & Management Santacruz (E), Mumbai-400 055

(Student's Signature) Paid Ps. 100 |
Institu

P.No. 1724

ERSITY 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. .

CHANDRAKANT

AAKASH

SAYANNA

College Code: 279 KAUSHALYA

Residential address of the

(Surname) 202 SUKHASAGAR SRA CHS GOLIBAR ROAD SANTACRUZ EAST, 0, Andheri, Mumbai Suburban,

(Own Name) (Father's/Husband's Name) (Mother's Name)

student:

MUMBAI, Maharashtra Pincode: 400055

Contact no. 7738973936

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA 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 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 April 2018 Examination (Seat No. 3186494)

My Date of Birth is 17/12/1996

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

(Student's

Signature)

Date:

I/C DIRECTOR INSTITUTE OF DISTANCE AND OPEN LEARNING HOOL UNIVERSITY OF MUMBAI DR. SHANKAR DAYAL SHARMA BHAVAN VIOYANAGARI, KALINA,

SANTACRUZ (E), MUMBAI-400 095

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Paid P8, 100 1-P. No -1726 Insti S8. No -34

UNIVERSITY OF MUMBA

Institute of Distance and Open Learning GR, NO. 4941

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

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

From:

Shri / Smt. /Kum. .

VARMA

ANNU

VANSHIDHAR

SUMAN

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

College Code: 279

Residential address of the student:

PLOT NO. 96 GHISARANCHI CHAWL DAYMA MARG KHERWADI, 0, Andheri, Mumbai Suburban, BANDRA EAST, Maharashtra

Pincode: 400051

Contact no. 8879614805



To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK GALA 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 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 April 2018 Examination (Seat No. 3186650)

My Date of Birth is 15/12/1997

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:

I/C DIRECTOR REPITUTE OF DISTANCE AND OPEN LEARNING (1801) UNIVERSITY OF MUMBAL TR. SHANKAR BAYAL SHARMA BHAYAN

VIUYANAGARI, KALINA, SAMTACRUZ (E), MUMBALACO 099

(Student's

Signature)

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I/c Prińcipal Patuck - Gala College of Commerce & Management

Santacruz (E), Mumbai-400 055

58.NO.56

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. .

JADHAV (Surname) DEEPALI

ANANT

College Code: 279 ASHWINI

Residential address of the

(Own Name)

(Father's/Husband's Name)

(Mother's Name) HANUMAN TEKDI GUPTA CHAWL GATE NO. 2 SANTACRUZ EAST MUMBAI, 0, Mumbai, Mumbai

6 GR.NO.4955-W.NO -2280 R.NO -2280

student:

City, MUMBAI, Maharashtra

Pincode: 400055

Contact no. 9833205239

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): PATUCK COLLEGE,

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 TY 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 April 2018 Examination (Seat No. 3186133)

My Date of Birth is 25/10/1991

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

(Student's

Signature)

Date:

I/C DIRECTOR INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL) UNIVERSITY OF MUMBAI SHANKAR DAYAL SHARMA BHAYAN VIDYANAGARI, KALINA,

SANTACRUZ (EI, MUMBALAND 198

I/c-Principal

Paid Ps. 100 | - GR. NO. 3027

R. NO - 3049

UNIVERSITY OF MUMBAI

INSTITUTE OF DISTANCE EDUCATION

Dr. Shanker Dayal Sharma Bhavan, Vidyanagari, Santacruz (East), Mumbai - 400 09£.

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

From:			Colle	
Shri / Smt. Kum.	SHARMA	WOKKEL	Code	^ ^=
(In Block Letters)	(Surname)	(Own Name)	(Father's/Husband's Na	
Residential address	of the student SAM		Namer striusband's Na	me) (Mother's Name)
ROAD !	MAINDA	SANTIACE	JUNEY CHI	21100000
	, , , , , , ,		(2)	HIGHIAH
Pin Code :	100055	Tel. No	21151	46306
То				
The Principal / Head	of the University Dept.	4		
Full Name and Addr	ess of the last attended Co	llege / University Dept.)		
	Throug	h Asstt. Registrar (Adr	n.) I.D.E.	
Sir / Madam,				
I attended the academic yearthe University Dept. / My Date of I am enclosionaid the T.C. Fee of I am to reque	College / University Dept. Class at your Co College in April/October Birth is 20 03 0 ng the attested xerox copy Rs. 100/- at the Institute of the September of	(DivRoll No. llege and passed/failed/s Examin of the mark-sheet/s of the properties of the control of Distance Education are control o	was awarded A.T.K.T. at nation (Seat No	the examination held by) amination/s. I have also
Thanking you,		Verified by	ou da at the earliest.	Yours obediently,
Date: 21/02	12019	Signature of the Adm. C	(lerk) 20 02	Student's Signature)
Depa	Application for Transfer e students who seek admi artment of the University of	ssion to I.D.E. on the ba of Mumbai last attended	sis of N.O.C. from the af by them.	ssion counter by only filiated college/or the
2) The	old students of I.D.E. are		p this form.	1 Val
		MUMBAI-55	Patuck	Principal - Gala College of

Santacruz (E), Mumbai-400 055