

## Application letter

Tyoti Ashak Pal,
Ramdas chawl
Stathor Village,
Vileparle (E),
Mumbai: 400099
Date: 06-07-19

To, The principle,

Potock Degree college,

SUB = T.C for Application.

Respected Modern 15:8,

I am Jyoti Ashok pal i am

St passed T.y.B. Com. I am passed in

2016-17. I am Requested my t.c certificate

T want to Submitted my certificate

to Mahatma kashi vidyapit university for Submitted

my Document. Please Six humble for glulny

t.c certificate. for M.Com Admission

Kashi Maresh Government Post Breaducite Your Sinrosley College Jyoti Pal Syanpue Bhadahi

MUMBAI-55 M.



## SIES COLLEGE OF COMMERCE & ECONOMICS

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

### **APPLICATION FORM FOR TRANSFERENCE CERTIFICATE**

From,	
Noznin Rahmatullah Chowdhasi	
CHANDARANI CHAWL, ROOM NO.2	
Kallna Shastrinajar, santarne	Full Name & Address of the student
East mumbai	
To,	
The Principal,	
Patuck gala collège	
Of commerce 5.	Name & Full address of the college last attended
management (628)	
Sir,	
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 i	e of Commerce & Economics in the Mocom (Finy Transference Certificate to the Principal of this sas under:
1. Full name: Noznin Rehmatullah	choudhasi
2. Class TYB o com Div. A Ro	II No Academic year 2017-18
3. Last Examination for which application was s	ubmitted: TyB-com
4. Month & Year of the Exam : APTIL - 20	18
5. Seat number of the Exam : 9307 U	110
6. Result at the Exam : U3)	
7. Subjects offered at the Exam : HR, BC	E, CA, CA, Tax, computer
Ja.	Raznin
Date : 5 Tuly 2019	(Signature of the student)
I/c Princip	
Patuck - Gala Co Commerce & Man Santacruz (E), Mumh	agement
Forwarded with compliments to the Principal,	tuck Gala college of
the student's enrolment / eligibility was confirmed	University's letter number and date under which
OF COMMEND	unchoudhury
Date: 5-7-2019 (SION (E))	S.I.E.S. COLLEGE PRINCIPAGE AND ECONOMICS
MUMBAI 22   8	SION (EAST), MUMBAT - 400 022.
18 11 18	

Paid ps. 100 UNIVERSITY OF MUMBAI Institute of Distance and O

15/16 (15)



Institute of Distance and Open Learning

Vidyanagari, Santacruz (east), Mumbai-400098

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

From:

Shri / Smt. /Kum. .

KAPOOR

SHAFIQ AHMED

NASIRUDDIN

SALMA

Residential address of the student:

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

College Code: 279

ROOM NO 67, KAJUPADA, PIPELINE KURLA WEST, MUMBAI 400072, 0, Kurla, Mumbai Suburban,

MUMBAI, Maharashtra

Pincode: 400072

Contact no. 9833916389

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

NA

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

I attended the 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 November 2018 Examination (Seat No. 3074410)

My Date of Birth is 03/05/1998

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:

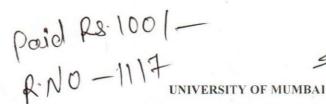


(Student's Signature)

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28 mark 389









### 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. .

PAWASKAR

MISRA

ASLAM PAWASKAR

ZAINAB

Residential address of the

(Surname) D-BUILDING, FLAT NO-101 HANJER NAGAR, PUMP HOUSE, 0, Andheri, Mumbai Suburban,

Pincode: 400093

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

(Mother's Name)

College Code: 279

student:

MUMBAI, Maharashtra

Contact no. 9867919517

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 I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the Bachelor of Commerce - (B.Com.) Class (Roll No. NA ) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in May 2019 Examination (Seat

My Date of Birth is 31/10/1998

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

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

Thanking You,

Verified by

Yours obediently

Date



(Student's Signature)

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8/9/2019

Paid R8.100 1-

### 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

MOHAMMED YUSUF

Contact no. 8898643043

MOHAMMED ZAHID

College Code: 279
SHAHIN

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

8898643043

Residential address of the

student:

MUMBAI, Mah Pincode: 400098

B/2, 608, KAILASH PRABHAT, CST ROAD , SANTACRUZ EAST. , 0, Andheri, Mumbai Suburban, MUMBAI, Maharashtra

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 I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the BCOM Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2019 Examination (Seat No. 1011316)

My Date of Birth is 27/10/1998

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

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

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

Document printed on Fri Aug 09 2019 10:13:48 GMT+0530 (India Standard Time)



Paid Rs. 1001-R. NO - 1136

### 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. .

SHAIKH

MOHAMMAD JAUWAD

ABDUL JABBAR

College Code: 279

(Surname)

(Father's/Husband's Name)

KANIZ (Mother's Name)

Residential address of the student:

(Own Name) 208/4amir bux chawl pipe road L WARD, 0, Mumbai, Mumbai City, mumbai, Maharashtra

Pincode: 400070 Contact no. 9867457749

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 I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the Bachelor of Commerce - (B.Com.) Class (Roll No. NA ) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2018 Examination (Seat No. 3075018)

My Date of Birth is 20/09/1997

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

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

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

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paid Rs. 100/r R.NO -1142

9619711544

# University of Mumbai Tolani College of Commerce, Mumbai - 400 093.

### APPLICATION FOR TRANSFERENCE CERTIFICATE

(Student who have Taken admission in to Tolani College)
(Applicable for Degree College)

		(Abbuognie io	. Dog. or comeg		
Date: 19 08 20	119				
From: Shri/Smt./kum.	IWARI	NIKITA	CHANDRAS	SEKHAR	
Sill/Silit./kulli.	(Surname)	(Name)	(Middle Nar	me)	(Mother's name)
Residential address Mahakau To The Principal, Patuck GAL	(Name of the C	ollege last attende	d)	H, gan — Tel. No:	ga chal no. 2 9619711544
AND MANA	GEMENT			ificate.	
	Sui	b Issuance of	Transfer Cert	moato.	
Dear Sir,	hat I am socking	admission to the	1.COM PAY	211	class in Tolani College of

Tolani College of Commerce, Piot No. 150-151, Sher-E-Punjab Society, Andheri (E), Mumbai - 400 093.

I attended TyBCoM class in your college during the academic year 2018-19 and passed / failed at the SEM YI examination held in March/October 2019 (year) my roll no. was Div. B' my exam seat No. 101215

Commerce, Mumbai - 400 093. I request you to send my Transference Certificate to the Principal,

and date of birth 10/10/1997 Kindly send my transference certificate to the Principal of our College.

Yours obediently,

(Student's Signature)

### Tolani College of Commerce,

Plot No. 150-151, Sher-E-Punjab Society, Andheri (E), Mumbai - 400 093.

Dated: 19108 | 2019

Forwarded with compliments to the Principal, (Last/previous College name) Portuel hale College of Commerce for favour of early compliance. The Applicant's date of birth and the class to which the candidate is admitted at the College, may also kindly be supplied along with the enclosed form.

Date: 1 9 AUG 2019

Malhar Arts Dt. 10-08-15 Qty

SeahyBAI 1/c

Tolani Godlege of Commerce TOLANI COLLEGE OF COMMERCE ANDHERI (EAST), MUMBAI-400 093.

8/22/2019

paid Ps. 100 / R. No - 1156 11 5048 GR.NO. 16 17 8898803271 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. .

MOURYA

SANDHYA

NANDLAL

RAJKUMARI

(Surname)

rname) (Own Name)

(Father's/Husband's Name)

(Mother's Name)

College Code: 279

Residential address of the student:

room no 10 new pragati rahewasi seva SANGH WAGHRI WADA DM ROAD SANTACRUZ EAST, 0, Andheri, Mumbai Suburban, MUMBAI, Maharashtra

Pincode: 400055

Contact no. 8898803271

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 I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the Bachelor of Commerce - (B.Com.) Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in May 2019 Examination (Seat No. 1011511)

My Date of Birth is 22/05/1999

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

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

Thanking You,

Verified by

Yours obediently

o Sondhya:

(Student's Signature)

Date: 22819



Document printed on Thu Aug 22 2019 00:33:27 GMT-0700 (Pacific Daylight Time)



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

Santacruz (E), Mumbai-400 055

Paid P8.100 - 7666326030

R.NO-1157 UNIVERSITY OF MUMBAI

16/17

16/17 8/13/2019

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:

Shri / Smt. /Kum. .

KHAN

MOHD KHALID

ISRARUL HAQUE

College Code: 279

(Surname)

(Own Name)

(Father's/Husband's Name)

SURAIYA (Mother's Name)

Residential address of the

Flat no.209, M.K.Heights S.G.BARVE ROAD, OPP. L WARD, 0, Kurla, Mumbai Suburban, Kurla, Maharashtra Pincode: 400070

Contact no. 7666326030

The principal / head of the University Dept

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

NA

Sir / Madam,

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

I attended the Bachelor of Commerce - (B.Com.) Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in Examination (Seat No. 1011317) My Date of Birth is 18/06/1997

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

Date: 228 19



(Student's Signature)

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### UNIVERSITY OF MUMBAI

### Institute of Distance and Open Learning



College Code: 279

Dr. Shankar Dayal Sharma Bhayan,

Vidyanagari, Santacruz (east), Mumbai-400098

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

From:

Shri / Smt. /Kum. . **GUPTA**  **MANISHA** 

MAHESH KUMAR

SITA DEVI

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

(Mother's Name)

the student:

Residential address of ROOM NO 19 LOKSEVA CHAWL COMMITTEE NO 2 NR RAJE SAMBHAJI HIGH SCHOOL PATEL NAGAR, 0, Andheri, Mumbai Suburban, MUMBAI, Maharashtra

Pincode: 400055

Contact no. 8692837536

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 I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the Bachelor of Commerce - (B.Com.) Class (Roll No. NA ) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2019 Examination (Seat No. 1011105)

My Date of Birth is 07/09/1999

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

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

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

Document printed on Wed Aug 14 2019 12:33:38 GMT+0530 (India Standard Time)

8692837536



### UNIVERSITY OF MUMBAI

26

### 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:

DAS

SOUDAMINI

BRUNDABAN

College Code: 279

Shri / Smt. /Kum. .

(Surname)

(Own Name)

(Father's/Husband's Name)

of Com

(Mother's Name)

SUKANTI

Residential address of

ADARSH NAGAR JAMLI PADA KALINA ROOM NO 332, MORE CHAWL SANTACRUZ EAST, 0, Andheri, Mumbai Suburban, MUMBAI, Maharashtra

the student:

Pincode: 400029

Contact no. 9892027516

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 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 **TYB 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 2019** Examination (Seat No. **1010956**)

### My Date of Birth is 17/01/1999

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: 27/8/19



(Student's Signature)

Document printed on Tue Aug 20 2019 12:08:17 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:

Shri / Smt. /Kum. .

PRAJAPATI

Pincode: 400055

PRIYANKA

RAJENDRA

College Code: 279 MANBHAVATI

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

GATE NO. 3 DAWARI NGR, 0, Andheri, Mumbai Suburban, Mumbai, Maharashtra Contact no. 9702777820

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 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 (Distance) - (B.Com. (Distance)) 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. 6237975)

My Date of Birth is 19/05/1997

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

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

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

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paid ps. 100 h

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. .

YADAV

SANGEETA

RAMPHULAR

GEETA

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

the student:

Residential address of ROOM NO.12, CHAWL MO.283, BHARDWAJ NAGAR, CHAKKIKHAN, VAKOLA, SANTACRUZ EAST., 0, Andheri, Mumbai Suburban, MUMBAI, Maharashtra

Pincode: 400055

Contact no. 9702994723

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 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. 3075325)

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

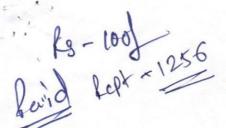
Yours obediently

(Student's Signature)

Date:

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I/c Principal



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. .

PATEL

**NIKITA** 

NARENDRA

9th floor flat no 906 Payawadi co-operative society Vile parle, 0, , Mumbai Suburban, Mumabi,

**PUSHPA** 

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

College Code: 279

Residential address of the

Maharashtra Pincode: 400057

Contact no. 8898823180

The principal / head of the University Dept

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

NA

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

I attended the three year degree course 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 2016 Examination (Seat No. 1231231) My Date of Birth is 03/09/1995

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:



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

Santacruz (E), Mumbai-400 055

paid Ps, 100 /- 128t

### UNIVERSITY OF MUMBAI

8169577596

### 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:

BIND

SHESHKUMAR

RAMSHIROMAN

College Code: 279 GEETA DEVI

Shri / Smt. /Kum. .

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

student:

Suburban, MUMBAI, Maharashtra

Residential address of the PRAKASH MATEL WORKAS, GAFOOR KHAN ESTATE, LBS MARG KURLA WEST, 0, Kurla, Mumbai

Pincode: 400070

Contact no. 8169577596

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 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. 3074045)

My Date of Birth is 18/04/1996

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

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

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

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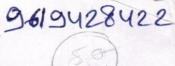


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UNIVERSITY OF MUMBAI

lphanstitute of Distance and Open Learning Dr. Shankar Dayal Sharma Bhavan,

Part Ps. 1001 Vidyanagari, Santacruz (east), Mumbai-400098 Application for Transference Certificate from the last attended College / University Department



From:

Shri / Smt. / Kum. .

PRAJAPATI (Surname)

ASHISH

HARILAL

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

College Code: 279

SAROJ

(Mother's Name)

Residential address of the student:

Indira Nagar Lalji Pada New Link Road Panchil Seva Samiti Opp Shiv Mandir Kandivali West , 0, , Mumbai Suburban, Mumbai, Maharashtra Pincode: 400067 Contact no. 9619428422

To,

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 FY MCA 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 /

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. 6237976 )

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)



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of Comm

I/c Principal Patuck - Gala College of

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

# APPLICATION FOR TRANSFER CERTIFICATE

(39)

From : Name of the Student Mr. / Miss / Mrs.	SALUDEVI PULSTAY PANDEY
Paid Ps. 100 (- Paid Ps. 100 (- P.NO -1300 To, T.C. 9)	Public Night Degree College
Par.	Hind Nagar, Vakola, Santacruz (E),
D.NO -1300	Mumbai – 400 055.
1-91	Date: 13 09 2019
To, 1.6	a 00/11/2/2.7
The Principal / Director	9004436307
PATUCK CHALA COLLEGE	
SANTACRUZ (E)	
MUMBAI 400055	
Sir / Madam,	
	to the M.Com I class division B  It that you will be good enough to send my  se (Attached xerox copy of fee Receipt)
I remit herewith Rs. 100 being the late fee (if charged).	fee for Transfer Certificate and Rs as
during the Ist /IInd / IIIrd / IVth sem of the	vision B Roll No. 39 in your college e year 2016 and passed / failed at the xamination of the year 2016. My college
	Yours faithfully,
	(Signature of the student)
P.N.D.C. Ref. No. TC/	Date: 13/09/2019
Forward with compliments to the Principal	ATUCK CIDLA COLLEGE
OF Connepce college for favour of con	0/
Jege of Commercial	for PRINCIPAL
MUMBALSS   S	Cipal
Patuck - Gala	

Santacruz (E), Mumbai-400 055

8/10/2019

Rept-1332/ Part-1332/ 7.C.NO-02

### 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

**AYESHA** 

SHAHID

College Code : 279
SIDDIQUA

(Surpar

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address

ROOM NO 2, RAM KRIPAL PANDEY CHAWL, NEAR MOHAMMADI MASJID SHASTRI NAGAR, KALINA, SANTACRUZ EAST, , 0, Andheri, Mumbai Suburban, MUMBAI, Maharashtra

of the student:

Pincode: 400029

Contact no. 7738125350

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 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.

1 attended the **Bachelor of Commerce - (B.Com.)** Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **April 2019** Examination (Seat No. 1011307)

### My Date of Birth is 16/10/1998

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

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

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

Document printed on Sat Aug 10 2019 11:50:55 GMT+0530 (India Standard Time)



Direct Tel. No.: 91-22-26522677

Tel. No.

91-22-26543322

91-22-26543323

University of Mumbai



DEPARTMENT OF COMMERCE

University of Mumbai, Vidyanagari Campus, Kalina,

Santacruz (East),

MUMBAI - 400 098. (INDIA)

Date: 29 15 14,2019

From: SHABNAM MIRAA A-WING, SAMRAT BLDG FLR.FLATNO-103, NEXT TO CIPY HOSPITAL, (KURLA-WEST)

To: The Principal, PATUCK-GALA COLLEGE PATUCK CAMPUS RUSTOMBA PUTUCK MARG, 100, NEHRU ROAD, NEAR VAICOLA BRIGE, SANTACRUZ (B). Dear Sir.

Paid Rs. 100 -RiNO - 1371 T.C - 95

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.

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

> Yours faithfully. SHABNAM

(SHABNAM MIRZA,

No.UD./Com/

/20

Forwarded with compliments to the Principal

College for favour of compliance.

Professor and Head, Department of Commerce University of Mumbai.

ge of Comm

I/c Principal

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

mk r

Par Transfer Certificate The principal, Sunterior - minimi - migration Certificate 18 Oct 2019 sule: Reguest for migration Dear Sir, I can dolly The I have pursed exam 7.4 Brom from your college, and secently tuply admission in m. com s.p. university autoret. gir, for conflection of m. com comission proles Rey migration l'extification co you plems pour as soon as possibilite Theres for co-operation Regends I/c Principal Patuck - Gala College of Commerce & Management Santacruz (E), Mumbai-400 055

Paid Ps. [00]

Paid Ps. [00]

UNIVERSITY OF MUMBAI
INSTITUTE OF DISTANCE EDUCATION



10,96

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

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

	2	Zitege / Offiversity Det	artment		
From:				College Code :	
Shri / Smt. Kum.	YADAV	SAVITA	RAMI	AKHAM	SEFTA
(In Block Letters)	(Surname)	(Own Nam	e) (Father's/Hus	band's Name)	(Mother's Name)
Residential address of	f the student R.N.O	2. SHARMA	PUNTART	CHAW	1
KALINA	SHASTRI	NAGAR,	SANTACRUS	Z -(FASI	)
in Code : 4000	129	Tel.	No. 8779	443496	
То					
The Principal / Head	of the University Dept.			Gala	College
(Full Name and Addre	of the University Dept. ess of the last attended 0	College / University Dep	L) PATUCK	JUNIO	of.
COLLEGIE	of Com	& most.			
-	* *	· ·	•		-
	Thro	ugh Asstt. Registrar (A	Adm.) I.D.E.		
Sir / Madam,			M. com.		
Distance Education of	that I have taken provi of the University of Mum College / University De	bai on the basis of the N	No Objection Certification	Class i	n the institute of
academic year	e <u> </u>	SS (DIV ROII N	oo durir	ng the First/Seco	and Term/s of the
e University Dept. /	College in April/October	rExa	mination (Seat No.	17166	)
My Date of E	Birth is 4106/1997	2			
I am enclosing paid the T.C. Fee of I	ng the attested xerox co Rs. 100/- at the Institute	ppy of the mark-sheet/s e of Distance Education	of the above menti	oned examination	on/s. I have also
I am to reque University of Mumb	est to sent my Transfere pai, Vidyanagari, Sant	nce Certificate directly acruz (East), Mumbai	- 400 099 at the o	arliest	nce Education,
Thanking you,		•	STANCE AND		
		Verified by	O Vidy	You	urs obediently,
		(V)	Mumbai-ye.		
Date :		(Signature of the Adm	Clork)	Z (Carrel	Shyolle.
		(Olghadre of the Aut	I. Clerk)	(300	ent's Signature)
those	Application for Transf e students who seek ad artment of the University	mission to I.D.E. on the	basis of N.O.C. fro	the admission community the admission community the affiliated	college or the
2) The (	old students of I.D.E.	a e NOT required to fi	ll up this form.		
	(8	MUMBAI-55		I/c Princ	
		tono Sul		Patuck - Gala Commerce & M	
		Just + Inang		itacruz (E), Mu	

Paid R8.100/- 00 7977168707 R.NO.1583

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

Tel. 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: 31 07 2019

R. NO: 708 BLDG: 05

MOTILAL MEHRU MAGAR

B.K.C, BANDRA(E)

MUMBO1-400051

To:

The Principal,

PATUCE GALA COLLEGE.

OF COMMERCE & MANAGEMENT.

SANTACRUZ [E

MUMBAI - 400055

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.

B. COM

during the 1st/2nd term of the academic year

2018 - 2019

Yours faithfully.

No.LID./Com./

20

Forwarded with compliments to the Principal

College for favour of compliance.

Aew

Professor and Head, Department of Commerce

University of Mumbrai of Comi

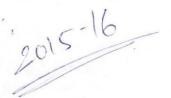
University of Mulybai

mkr



I/c Principal

GR. NO - 2547 (202/A, Deccan est 2019) Vandana Partick Gala College of Commerce & Management The Periverpal 9594351105 Cantacroe (E) Mumbai 400055 Bub: application for Teransfer certificate. 9 doning feepler, completed Mg B. com deque from (Keopected Mam, your collège in our year 2011, de I am now frushing my futher education is the LLB (3 years) course, I would enquest you to kindly give me transfer Request you to kindly do he nedful as certificate. Soon as horsible. Detail is below Name: Soniya Onla guft course: B. Com Year : 2011 Seat No: 12472 Patuck - Gala College of Commerce & Management Santacruz (E), Mumbai-400 055 Attached downelts: 1) application form (LLB-34es course) 2) 14. B. Com Marksheets. Thanks & Regards: CHUPTA Some a 9870255541 Jema/ 209.



### Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

R.No-1594 GR.No-4565

Vidyanagari, Santacruz (east), Mumbai-400098

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

From:

Shri / Smt. /Kum.

SAHANI (Surname) SADHANA (Own Name)

**JAWAHAR** 

ANITA

(Father's/Husband's Name)

(Mother's Name)

College Code: 279

Residential address of the

CEN-323 VAKOLA BRIDGE, SANTACRUZ EAST Jawahar shelar, D'mello compound, 0, Mumbai, Mumbai City, MUMBAI, Maharashtra

Pincode: 400055

Contact no. 7061782738

The principal / head of the University Dept

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

Sir / Madam,

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

l attended the Bachelor of Commerce - (B.Com.) Class (Roll No. NA ) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2018 Examination (Seat No. 3074916)

My Date of Birth is 15/03/1997

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: 6/12/19



(Student's Signature)

Document printed on Tue Aug 20 2019 18:38:59 GMT+0530 (India Standard Time)

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Paid Ps.100 V R.NO - 2598 UNIVERSITY OF MUMBAI TC-101





# 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:					Col	lege
Shri/Smt. Ku	um	195	PRIC	HANKA		
(In Block Le	tters)	(Sumame)			ather's/Husband's N	HENDRA
	ddress of the s		11/4, 0	PST	colony	
390	tacni	2 Ea	st.	Mum	beu.	
Pin Code:	1,000	29		_Tel. No. 4	28-1901	5892
То						3977
The Principal	/ Head of the	University Dept.				
(Full Name ar	nd Address of	the last attended (	College / Universit	y Dept.)	atuck	Ciala Colley
		Thro	ugh Asstt. Regis	trar (Adm.) I.D.	E.	
Sir / Madam,						
		h = 1 = 1 = 1				Class in the institute
I atte academic yea he University My D	nded the T	at your Cope in April/October	ss (Div College and passe r	Roll No d/failed/was aw _Examination (	) during the Fi arded A.T.K.T. at Seat No  🔏 🖔	rst/Second Term/s of t the examination held
			o or pistance Euu	cation at the tin	ne of admission	amination/s. I have al
lamt	o request to s	ent my Transferen	nce Certificate di acruz (East), Mur	rooth to the Di		of Distance Educatio
hanking you	,			/CE		
				000	A PARTY OF THE PAR	Yours obediently,
Date:	Y		(Signature of the	Adm. Clerky	13HI	(Student's Signature
N.B.: 1)	Department	ation for Transfe nts who seek adm of the University	erence Certificate	e must be subm n the basis of N	litted at the admis	ssion counter by only filiated college or the
2)	The old stu	fents of I.D.E. a	re NOT required	to fill up this f	form.	
		MUMBAI-55			I/c P	rincipal
		. \ / //			Datuels C	ala College of

Commerce & Management Santacruz (E), Mumbai-400 055 7678052876 R.No-2649 Lihar Paid Rs.100)



Somaiya Vidyavihar

K J Somaiya Comprehensive College of Education, Training and Research (Re – Accredited by NAAC)

APPLICATION FOR TRAI	NSFERENCE CERTIFICATE
Class: B. Ed./M.Ed./PGDME/Ph.D.	
The Principal / Dean,	ROLL NO.: 49
(Name and Address of the	
Sub: Transference Certificate/s.	the College last attended)
Sir/ Madam,	
I, Shri./ Smt./Kum. Sohu Sangeste have been admitted to the K. J. Somaiva Com	a Ramklim an
have been admitted to the K. J. Somaiya Com	nprehensive College of Education, Training and
Research, Vidyavihar, in B. Ed./ M.Ed./ PGDME college previously and I have given below the	E/ Ph.D. class this year I was a student of
college previously and I have given below all par Transference Certificate to the Driver of the Certificate to the Certificate t	rticulars about it. I request you to kindly and
Transference Certificate to the Principal of K. J.	Somaiya Comprehensive College of Education
Training and Research, Vidyavihar, Mumbai - 400	0 077 at the earliest
MY PARTI	
Name in Full in ( ) Shri./ Smt./ Kum. SAM	
Block Capital () SAHU SANCEET	A RAMKUMAR.
	udent, both the names in full should be given)
I attended the T.y.B.com Class in your col	llege during the academic year 2017 - 2018
My Birth date is	13th June 1998
My Optional Subjects were	
My Roll No. in your college was	: 82.
Examination of the year March/ October 2017 2018	: APRIL 2018
My Examination Seat No. was	3074920 (Sem-VIA)
Passed /failed in / did not appear at for the course	e: T.Y.B. Cam.
Strike out which evar is not applicable)	
	Yours faithfully,
	Solon Solon
	Student's Signature.
Forwarded with compliments to the Principal / Dea	ın
For necessary action	
MUMBAI-55	I/c Principal
Patu Comr	merce & Management  of Education, Training and Research,  of Education, Training and Research,  of Education, Training and Research,
	ruz (E), Mumbai-400 055 Vidyanager, Vidyavihar.



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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:

Shri / Smt. /Kum. .

GAWDE (Surname) AKSHAY

ARUN

College Code: 279 APARNA

Residential address of the student:

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Vidya Niwas Chawl, Near Pant Dutta Mandi Shivtekdi Mumbai, 0, Andheri, Mumbai Suburban,

Mumbai, Maharashtra

Pincode: 400060

Contact no. 8767615041

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 **PGDFM** class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the **Bachelor of Commerce - (B.Com.)** Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in March 2013 Examination (Seat No. 15884)

My Date of Birth is 26/06/1992

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

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

Thanking You,

Verified by

Yours obediently

Signature)

Date:



Document printed on Mon Aug 19 2019 12:03:57 GMT+0530 (India Standard Time)



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

4/4





# UNIVERSITY OF MUMBAI INSTITUTE OF DISTANCE EDUCATION

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

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

From:	THE POPULATION	College	
Shri/Smt. Kum. Gaikwad	Shyam	Code :	Sushila
(In Block Letters) (Surname)	(Own Name)	(Father's/Husband's Name)	
Residential address of the student Room, N	10 215 1.	1 11 -	
Gaondevi, Vakola Cast, Mumbai	pipe line	Rd Son	100000
east, Mumbai	11 0014	Nu, sam	ractus
	Tel. No	70b. 808090	9046
То			
The Principal / Head of the University Dept.			
(Full Name and Address of the last attended Colle	ege / University Dept.)	atuck Gal	a College
af Commerce and	manag	omont 1/2	la a la
O Bridge Santacru	3 (t) Mun	bai - 400	055
Through	Assit. Registrar (Adm.)	I.D.E.	
Sir / Madam,			1
ham to state that I have taken provision	nal admission to the	O'lo	
in the standard of the office sity of willings	on the basis of the No Ob	ection Certificate dated	ss in the institute of
and by the boneger offiversity Dept.			
l attended the Class (l academic year at your College in April/October 1	Div. Roll No.	) during the First/S	Second Term/s of the
the University Dept. / College in April/October	Examinati	on (Seat No	examination held by
My Date of Birth is 03 12 1991			
l am enclosing the attested xerox copy paid the T.C. Fee of Rs. 100/- at the Institute of	of the mark-sheet/s of the Distance Education at th	above mentioned examine time of admission	nation/s. I have also
I am to request to sent my Transference	Certificate directly to th	a Director Institute of D	istance Education
on an artist of multipar, viuyanagari, Santacri	uz (East), Mumbai - 400	098 at the earliest.	
Thanking you,	//:	CE AND OD	
	Verified by	The state of the s	Yours obediently,
	(Vine)		1
Date:	10/3/00		Similar .
	ignatule of the Adm. Cle		Student's Signature)
N.B.: 1) This Application for Transfere those students who seek admiss Department of the University of	sion to Lu.E. on the basis	of NOC from the affile	n counter by only ted college or the
2) The old students of I.D.E. are			
(3°8)	C.C.	men a men carine in management contract a contract management and on the	
AUM Sala CO	1BAI-55	I/c Prin/ Patuck - Gala	

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



# UNIVERSITY OF MUMBAI INSTITUTE OF DISTANCE EDUCATION

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

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

		Entrology Departin	EIII	
From:			College	
Shri / Smt. Kum.	Pandey	Anand	Code	
(In Block Letters)	(Surname)	(Own Name)	Dharmraj	
Residential address of the studen			(Father's/Husband's Name	
western cz		0 1	Chakki Kh	
Mumbai	1	agriway	Santacr	ug (E)
Pin Code: 40005	3	Tel No.	Nob- 80804	11076
То		161.140.	160- 808041	54046
The Principal / Head of the University	ersity Dent			
(Full Name and Address of the la		University of C	ا ما دام دام	- 0.11000
al Commerce	statterided College /	University Dept.)	WUCK GOV	-
Santacruz	1=) m	momages	ment val	cola Brida
9	Through Ass	tt. Registrar (Adm.)	1DE:	-
6:-114-1		As Registral (Adill.)	<u> </u>	
Sir / Madam,				4.
Distance Education of the University of the University of the University of the College / University of the Colleg	isity of Mumbal on th	dmission to the ne basis of the No Ob	Cl pjection Certificate dated	ass in the institute of
마스 BIN (BINE) (1 - 1982년 - 1982년 - 1882년 - 1882년 - 1882년 - 1982년 - 1982년 - 1982년 - 1982년 - 1982년 - 1982년 - 198				
academic vear	Class (Div	Roll No.	during the First	Second Term/s of the
the University Dept. / College in /	April/October	Examinat	s awarded A.T.K.T. at the	examination held by
My Date of Birth Is 25	,109/1992		ion (Deat 140.	
I am enclosing the attes paid the T.C. Fee of Rs. 100/- a	ted xerox copy of the	e mark-sheet/s of the	above mentioned exam	ination/s. I have also
I am to request to sent m	y Transference Cer	tificate directly to the	ne Director, Institute of	n:
University of Mumbai, Vidyan	agari, Santacruz (E	ast), Mumbai - 400	098 at the earliest.	Distance Education,
Thanking you,				
		Verified by		Vours shadlanth
		103-113	S September 1	Yours obediently,
		12/3/220	To what had been a second	Sandy
Date:	(Signat	ture of the Adm. Cla	Mac as	(Student's Signature)
N.B.: 1) This Application	n for Transference	Cortificate must be		
those students v	who seek admission the University of Mum	to I.U.E. on the basis	submitted at the admiss of N.O.C. from the affili	ated college or the
	ts of I.D.E. are NOT			
(38)			THE STATE OF THE S	
11 - /	1 2011		I/c Princi	
M Sail	UMBAI-55		Patuck - Gala Co	ollege of

Commerce & Management Santacruz (E), Mumbai-400 055 poid Rg. 100/— UNIVERSITY OF MUMBAI

SX. NO. 70

GARWARE INSTITUTE OF CAREER EDUCATION AND DEVELOPMENT

15/16

### APPLICATION FOR TRANSFER CERTIFICATE

	KHAN	MORJAM	HOSEN
	(Surname)	(Name)	( Middle Name
Residential address of the	student: 62, Su	PAGAW CHAWL, SU	BHASH WAGAR,
GADEN, VAKOLA	PIPELINE S	ANTACRUZCE) MO	M-55.
The Principal / Director /			
Dr. HRS. MEETA S. P	ATHACE		
	_		
Sir / Madam,			
I am to state that	I am seeking add	mission to the Master/P	achelor/ Diploma course i
TERIOR DESIGN in the	Garware Institute	of Career Education a	nd Development. I am t
			Institute of Career Education
and Development, Univer	sity of Mumbal, K	alina Campus, Santacruz	z (E), Mumbai – 400 098.
I attend the	B.M.S	course (D	iv _ Roll N
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Department and passed/ fi 2018 (Exam Seat No. 32	failed at the exami	term/s of <u>BHS</u> ination held by the Univ	n your college / Institute ersity in April / October, of Yours faithfully
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Department and passed/ fi 2018 (Exam Seat No. 32	Failed at the examination of the	nation held by the Univ	n your college / Institute ersity in April / October, of Yours faithfully
Department and passed/ fi 2018 (Exam Seat No. 32	Failed at the examination of the	nation held by the Univ	n your college / Institute ersity in April / October, of Yours faithfully
Department and passed/ f  20 8 (Exam Seat No. 3	cut here	nation held by the Univ	n your college / Institute ersity in April / October, of Yours faithfully
Department and passed/ fi 2018 (Exam Seat No. 32)  Director  1. Name of the Student	cut here	nation held by the Univ	n your college / Institute ersity in April / October, of Yours faithfully
Department and passed/ fi 2018 (Exam Seat No. 32)  Director  1. Name of the Student	cut here	nation held by the Univ	Yours faithfully  (Student's Signature)
Department and passed/ fi  20 8 (Exam Seat No. 3:  Director  1. Name of the Student 2. Admitted to (GICE)	cut here	HORJAM HOSEN	Yours faithfully  (Student's Signature)
Department and passed/ fi 2018 (Exam Seat No. 32)  Director  1. Name of the Student	cut here	HORJAM HOSEN PG DID Transfer Certificate.	Yours faithfully  (Student's Signature)

MUMBAI - 400 077.
Paid Rs 100/- 12/13 MUMBAI-400 077.  Paid Rs 100/- 25/06/19. 2
From: R.NO. HO8412
Name of the student SHUKLA SUBHASH RADHESHYAM.
and address Room No. 208, Synderbaug, Kamani, Kyrla (w). Mymbui - 4000 70.
То
The Principal,
Patuck gala-collage of commerce and managemet.
(Last College attended)
Sir,
I, beg to state that I am seeking admission to the Master in Marketing Mo
class at K. J. Somaiya Institute of Management Studies & Research therefore, I request you to kindly send my
Transference Certificate to the Director, of above college. I remit herewith Rs being the
fee for the Transference Certificate.
l attended the BMS Class in your College during 2013
and Passed: at the SMS Class in your College during 2013  AND Filled: Examination held
My Roll No. was

My Exam Seat No. was 1292902 Date of Birth: 20/07/1996

Yours obediently



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

Forwarded with compliments to the Principal, Patrick G.

College, for favour of compliance.

8097885380/9892597810

Vidyanagar, Vidyavihar, Mumbai - 400 077.

Date: 25/06/2019

K. J. Somaiya Institute of Management Studies & Research

DIRECTOR

MUNSAI - 480 077.

Poid P8. 100 76649

Poid P. NO - 115 Institute of Distance and Open Lagrange

9664984683

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:

**PUJARI** 

VIDITHA

College Code: 279 VIJAYA

Shri / Smt. /Kum. .

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

student:

Residential address of the HAA32, Anthony Chawl, Utkarsh Nagar, Datta Mandir Road, Vakola Pipeline Santacruz East, 0, Andheri, Mumbai Suburban, Mumbai, Maharashtra

Pincode: 400055

Contact no. 9324818362

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 MA - PART I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the Bachelor Of Management Studies - (BMS) 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 2016 Examination (Seat No. 1086618)

### My Date of Birth is 17/07/1995

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:

Document printed on Thu Aug 22 2019 10:29:57 GMT+0530 (India Standard Time)

Student's Signature)

paid ps. 100 [-p. NO-1278]

### UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

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

From:

Shri / Smt. /Kum. . **JAISWAL**  RAJU

RAKESH KUMAR

College Code: 279

9768910204

ANITA DEVI

Residential address of the

(Own Name) ROOM. NO. A-36 DAWRI NAGAR GATE NO. 1 VAKOLA SANTACRUZ EAST, 0, Andheri, Mumbai

(Father's/Husband's Name)

(Mother's Name)

student:

Suburban, MUMBAI, Maharashtra

Pincode: 400055

(Surname)

Contact no. 9768910204

The principal / head of the University Dept

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

NA

Sir / Madam.

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

I attended the B.M.S. 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 2019 Examination (Seat No. 1104063)

My Date of Birth is 11/09/1998

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

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

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

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4.089 P. No. 1282

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. .

KAZI

**SHAGUFTA** 

**IFTEKHAR** 

MUMTAZ

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

College Code: 279

Residential address of the

student:

baba miya chawl INDIRA NAGAR jarimari kurla andheri road, 0, Kurla, Mumbai Suburban, MUMBAI, Maharashtra Pincode: 400072

Contact no. 9892883649

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 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 Bachelor Of Management Studies - (BMS) 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. 3203115)

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.

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

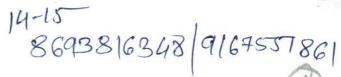
Yours obediently

(Student's Signature)

Date:



Document printed on Wed Sep 11 2019 10:56:34 GMT+0530 (India Standard Time)





# paid Rs 100/- 14-15 RNO - 363 8693816348 C PARLE TILAK VIDYALAYA ASSOCIATION'S INSTITUTE OF MANAGEMENT

( Affiliated to University of Mumbai & Approved by AICTE, New Delhi and DTE ] Chitrakar Ketkar Marg, Vile Parle (East), Mumbai-400 057. Telephone / Telefax 26100100

Website: www.ptvaim.com Email:admin@ptvaim.com

### APPLICATION FOR TRANSFERENCE CERTIFICATE

	Date 20/06 /2019
The Principal / Director	
PATUCK GIALA COLLEGIE OF COMMERCE VAKOLA BRIDGIE, SANTACRUZ (EAST) MUMB AI 400055	
Sir / Madam,	
This is to inform you that I am seeking admission to the First MHRDM course in the above mentioned Institute and requirements. Transference Certificate to the Director of the said Institute.	
I attended the $\underline{\mathcal{B}_{com}(\mathcal{B}.\mathcal{B}.\mathcal{I})}$ class of your college duri My Roll No. was $\underline{32}$ . I passed $\underline{\mathcal{B}.com}$ ( $\underline{\mathcal{B}.\mathcal{B}.\mathcal{I}}$ ) SEPTEMBER 6, 2017 . Examination Seat No. $\underline{6.326856}$ Thanking you,	
Yours faithfully,	
(Signature)  Student's full name in Capital:	
SHIRODKAR KANCHAN MURLIDHAR Surname First Name Father's Name	MAMTA Mother's Name
	HALA COLLEGE r favor of compliance.
Common Mumbai	V. Silmnjanjun



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

Institute of Management Chitrakar Ketkar Marg, Vile Parle (East), Mumbai - 400 057.

Paid Rs. 100/-

UNIVERSITY OF MUMBAI

stitute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhayan,

Vidyanagari, Santacruz (east), Mumbai-400098

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

From:

Shri / Smt. /Kum. .

BHOGALE (Surname)

RAVIRAJ

RAMCHANDRA

College Code: 279

SUPRIYA

Residential address of the

student:

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

VICHARE CHAWL, WADIA ESTATE BAIL BAZAR, KURLA WEST, 0, Kurla, Mumbai Suburban,

MUMBAI, Maharashtra

Pincode: 400070

Contact no. 9136342573

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 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 April 2018 Examination (Seat No. 3185950)

My Date of Birth is 01/03/1998

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

(Student's Signature)

Date:



Document printed on Wed Sep 25 2019 15:47:00 GMT+0530 (India Standard Time)



I/c Principal Patuck - Gala College of

Commerce & Management Santacruz (E), Mumbai-400 055 TO POID PS. 100 Instit

### UNIVERSITY OF MUMBAI

### Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

2.70,350

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

From:

Shri / Smt. /Kum. .

KHASIYA

RONAK

RAJESH

98/7/8, GHOLKAR WADI, M N ROAD, OLD KURLA, 0, Kurla, Mumbai Suburban, MUMBAI,

SUDHA

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

College Code: 279

Residential address of the

student:

Maharashtra Pincode: 400070

Contact no. 9987907207

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 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 April 2019 Examination (Seat No. 1131401)

### My Date of Birth is 21/11/1997

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

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

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

Document printed on Wed Sep 25 2019 16:27:12 GMT+0530 (India Standard Time)



Paid Ps. 100 / — 970.2828324

Paid Ps. 100 / — 970.2828324

PApplication for Transfer/Leaving Certificate

From:

From:	1	Λ
Name of Candidate:	Vaishnaui B. kad	am
Address:	Shirneari Tarun	Niitra
	mandal Sanderly	naga
Phone :	Mandal Sanderh Bailbazon Kurla (W) 9+02828324	neigh -
Date :	9th Oct 2019.	

To,
The Principal / Director,
Patuck Edl
Gala College

Sub: Request to Issue Transfer / Leaving Certificate

Respected Sir/Madam,
I, Vaishnau B. Kadayas a bonafide student studying for B. A. / B.Com / B.Sc. /
B.M.S./ BBT in your reputed College/Institute during the period from 2016 to 2019
B.M.S./ BBT in your reputed College/Institute during the period from 2016 to 2019 and have passed the examination 6 within the month of the 2018 Year 2019.
Now I have taken admission to the course FYMMS during the Academic Year 2017-18 at Audyogik

In this context, I request your kind honour to give my Transfer / Leaving Certificate which is urgently required for my admission purpose.

I am sending herewith attested Photo copies of statement of marks for all the years/semesters, proof of my birth certificate and caste certificate for your further necessary action in the matter.

I am also ready to pay the charges if any for issuing my Transfer/Leaving Certificate, if so, kindly let me know by return of post so that I will to give the cash to your college. Kindly arrange to give my Transfer/Leaving Certificate, as I am urgently need of the same for the purpose of completion process of my admission.

Thanking You,

Yours faithfully,

(Name & Signature of the student)

This application is hereby forwarded with compliments for necessary action. Kindly issue the Transfer / Leaving Certificate at the earliest so as to confirm his admission in this college.

DIRECTOR IMCOST

