



# SAVITRIBAI PHULE PUNE UNIVERSITY

(Formerly University of Pune)

## Form of Application for Transference Certificate

Date : .....

From,

Name : .....

Address : .....

Phone No/ Mobile No : .....

To,

The Principal/Registrar, : ..... College,

.....

Sir,

I am to state that I am seeking admission to the ..... class of  
the ..... College/University and to request to send my Transference Certificate  
to the Principal/Registrar ..... to enable me to grant admission.

### My Particulars are as Under :

1) Name in full : .....

Surname

Name

Father's Name

Mother's Name

For married female Candidate : .....

Surname

Name

Husband's Name

2) Sex : Male / Female

3) Name of the class attended : .....

(Regular/External)

4) Subject : .....

5) Year of passing the examination with Seat No. : .....

(Passed / Failed / Appeared)

6) I am enclosing herewith a true copy of the Statement of Marks.

7) I was studying in the M.A/M.Sc/LL.M/M.Lib/M.Ed. in the Dept. of .....

During the academic year .....

Your's faithfully,

Head,

..... Department

.....  
(Signature of the Applicant)

**1. Note :** Transference Certificate will be issued within fifteen days from the date of the receipt of the application form.