



Shri Yashwantrao Bhonsale Education Society's
YASHWANTRAO BHONSALE COLLEGE OF PHARMACY
A/ P: Charathe, Tal: Sawantwadi, Dist.: Sindhudurg, Maharashtra- 416 510 (M.S.)

APPLICATION FORM FOR TRANSFER CERTIFICATE

To,

The Principal,

Yashwantrao Bhonsale College of Pharmacy,

Sawantwadi – 416 510 (M.S.)

Subject: For issuing transfer certificate (T. C.)

Respected Sir,

I need T. C. for further education, as I have completed / left B. Pharm / M. Pharm from this college. My personal details are as follows.

1. Name : _____
2. Birth Date : _____
3. Place of Birth : _____
4. Caste with religion : _____
5. Last college attended : _____
6. Date of admission in this college: _____
7. Duration of gap during course : Yes / No
If yes, From _____ to _____
8. Last exam appeared : _____
9. Exam seat No. : _____
10. Year of passing : _____

Thanking you.

Date: _____

Sign.

Place: _____