

Course M.A.(Part-1)

Course Code 07

UNIVERSITY OF MUMBAI
INSTITUTE OF DISTANCE AND OPEN LEARNING

Shankar Dayal Sharma Bhavan,
Vidanagari, Santacruz (East), Mumbai - 400 098.
Application for Transference Certificate from the last attended
College / University Department

College
Code:

From:

Shri/Smt./Kum. AUGUSTINE MARJORIE REMY ELSIE
(In Block Letters) (Surname) (Own Name) (Father's husbands's Name) (Mother's Name)

Residential address of the student 601, A-wing, Marigold-3, Beverly Park Mira Road Mira-Bhayandar (M Corp.) Thane Thane MAHARASH

Pin Code 401107 Tel No. 9892902670

To,
The Principal / Head of the University Dept,
SIES

Through Asstt. Registrar (Adm.), IDOL

Sir/Madam,

I am to state that I have taken provisional admission to the Master of Arts (M.A.) Class in the 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 BA Class (Div. A Roll No. 01398 during the academic year 1983-1984 at your College and passed at the examination held by the University Dept./ College in 05/1984 Examination (Seat No. 01398)



My Date of Birth is 14/09/1962

I am enclosing the attested xerox copy of the mark-sheet/s of the above mentioned examination/s. TC Fees to be paid by students in their respective colleges.

I am to request to send my **Transference Certificate directly to the Director, Institue of Distance and Open Learnig University of Mumbail, Santacruz (East), Mumbai- 400098 at the earliest.**

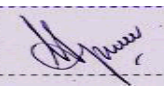
Thanking You,

Verified by

(Professor cum Director)

Yours Obediently,



(Student's Signature)

Date 21/03/2014