



SWAMI ATULANAND HINDU MAHAVIDYALAY

Parmanandpur, Shivpur, Varanasi 221002

APPLICATION FOR TRANSFER CERTIFICATE (T.C.)

Name of Student:		Enrollment No.:	
Father's Name:		Mother's Name:	
Course/Programme:		Batch :	
E-Mail:		Date of Birth:	
Mobile No.:		Reason for Leaving:	

Last Examination Passed / Appeared:

Permanent Address:

I request that my Transfer Certificate may kindly be issued. I have provided the above information to the best of my knowledge.

Date: _____

Student Signature: _____

Library/Accounts Clearance: _____