



Tel.: +91 22 2816 0904

Fax : +91 22 2816 0905

Shree Shankar Narayan Education Trust's  
**ROHIDAS PATIL INSTITUTE  
OF MANAGEMENT STUDIES**

Mahavidyalaya Marg, Navghar, Bhayandar (E), Dist. Thane. Pin 401105. Maharashtra.  
E-mail : info@rpims.com • Website : www.rpims.com

Approved by AICTE - New Delhi, Recognised by - DTE - Govt. of Maharashtra, Affiliated to University of Mumbai

Ref. No. : \_\_\_\_\_

Date : 14/01/2020

To,

The Director / Principal

M.B. Harris college  
of Arts and A.E. Kalsekar  
college of Commerce and  
Management

Subject : Application for Transfer Certificate

Sir/Madam,

I, Shri/Kum. Melvin John Johnny Leelamma, seeking admission in MMS in Rohidas Patil Institute of Management Studies, Bhayandar (East).

I have attended the T.Y.B.M.S. class in B division (Roll No. 21) during academic year 2019-2020 at your college and passed in the examination held in April / October October with Seat No. 115974.5

I am enclosing herewith the photocopies of the marksheets for your reference.

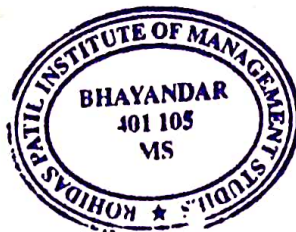
I request you to send my Transfer Certificate, Digital TC, Confirmation letter and PRN No. list issued by MKCL duly attested by the Principal.

Thanking You.

Yours Faithfully,

Melvin  
(Signature of the Student)

Forwarded through the Director, Rohidas Patil Institute of Management Studies, Bhayandar (East).



BKare  
Dr. Bhupesh V. Rane

**DIRECTOR**  
Rohidas Patil Institute of Management Studies  
Bhayandar (E), Thane - 401105 (M.S.)

S.E.M.T.'S

Moinuddin Burhan Harris College of Arts &  
A.E.Kalsekar College of Commerce & Management.

Nawayat Nagar, Nallasopara (W). Tal. Vasai, Dist. Palghar-401203

Ref. No. / T.C./ 2018 - 2019

Date: 30/08/2021

To,  
Director,  
Institute of Distance & Opening Learning  
University of Mumbai.  
Mumbai- 400 098

Sir,

Please find enclosed the Transference certificate of the following student:

	Name of the student	T.C. Nos.	Class admitted in I.D.E.
1	Botke Altamash Mohd. Saeed	2010209076	M.COM

Kindly acknowledge receipt.

Thanking You.

Encl: T.C.

Yours Faithfully,

  
Principal

Shurparaka Educational & Medical Trust's  
M. B. Harris College of Arts &  
A. E. Kalsekar College of Commerce & Management  
Nallasopara (W), Tal. Vasai, Dist. Palghar - 401 203.

20 Rs Pending

Mr./Miss: - Yadav Sony Ray Sabah/  
Residency add: - Adarsh Nagar, Acholga,  
Nallasopara (East)  
Mobile No: - 7387296050

Principle

URPARAKA EDUCATIONAL & MEDICAL TRUST'S  
Jayat Nagar, Nallasopara (w)

nadam

I wish to state that I am seeking Admission to the T.Y. B.COM class add the Arts,  
merce and Science Night College, Ambadi-Zidke, Tal-Bhiwandi, Dist.Thane in the academic  
2020-21

Therefore I request you to kindly send my Transfer certificate/ Leaving Certificate to the  
principle of this College.

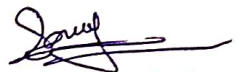
I ready to pay requite fess to T.C. /L.C. T.C

Particulars are as under:-

Class Attended	
Roll no.	EXSC1930
Academic Year	2019
Last Examination Passed / Failed	
Month & Year of Examination	
Examination Seat No.	EXSC1930
Birthdate	
Subject Offered	


120/996  
9/12/20

Yours Faithfully

  
Signature of the Student

warded with Compliment to the Principal / registrar \_\_\_\_\_  
for fevourof early compliance.

6.10.20

  
Principal  
Arts, Commerce & Science Night College  
Ambadi-Zidake, Tal. Bhiwandi Dist. Thane.



5/11/20



8208427726.

# RAHUL COLLEGE OF EDUCATION

(ENGLISH MEDIUM)

(N.C.T.E. Recg. No. WRC/5-6/89/2006 Dtd. 27/09/2006)  
AFFILIATED TO UNIVERSITY OF MUMBAI (AFF/RECOG. 124900F2007)  
Tel.: (022) 2817 0556 \* Fax: (022) 28172573

f. No.: OW/PCE/20(1) 2021-22 TC NO 2015204802 Date: 07/07/21

DT 10/7/2021.

OM

Student's Name in full,  
Beginning with surname

Mr./Miss  
& Address

Rukshar Sohid Shaikh  
A-101, Nageshwar Darrshan,  
Gala Nagar, Achole Road, Nallasopara  
(E)

The Principal,

E. Kalsekar College of Commerce COLLEGE Nawayat Nagar, Nallasopara (W)  
Engl. Mgt.

I beg to state that I am seeking admission to the RAHUL COLLEGE OF EDUCATION, Bhayander (East), for the academic year 2019-2020 and request you to send my Transference Certificate to the Principal Rahul College of Education, Bhayander (E).

I have passed B.A./ B.Sc. / B.Com, M.A/ M/Sc. / M.Com, Any other from your college during the session 2015 to 2018.

My College Roll No. was \_\_\_\_\_  
My University Seat No. was 3120837  
My Date of Birth is 21/08/1997

Yours obediently

Rukshar  
(Signature of the applicant)

No. of (1)

Rahul College of Education  
Navghar Road, Bhayandar (E)  
401 105.

Dated 07/07/2021

Forwarded to the Principal, A.E. Kalsekar college of Commerce & Mgt.  
College, Nawayat Ngr, Nallasopara (W) for the favour of compliance.

Applicant's Date of Birth may kindly be mentioned as per the record.

With Regards,

[Signature]  
Principal,  
RAHUL COLLEGE OF EDUCATION  
Navghar Road, Bhayandar (E)- 401 105.  
Thane, Maharashtra.

120 Paid



Date: 05/7/21

To  
The Principal,  
S.E.M.T.'S  
Moinuddin Burhan Harris College of Arts &  
A.E.Kalsekar College of Commerce & Management,  
Sopara, Tal- Vasai, Dist - Palghar

Respected Sir,

I, the undersigned parent/ Guardian of my son/ daughter (Full Name) Jabassum  
Haroon Shaikh who is / was studying in Std. TY B.COM Div. of your College in the year 2008  
beg to state that I require his / her original / duplicate / bonafide / Living Certificate / Transference  
certificate.

Reason for doing so is Further Studies. I agree to pay the arrears fees (dues if any)

Kindly issue the same and oblige.

Thanking you,

Yours faithfully,

Shahy  
(Parent / Guardian)

Address: -

d/H Sopara Park  
Near Batus Naki  
Nallasopara [West]

LC NO - 19  
Dt - 7/7/2021.

Paid 120

13/2021

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. .

**GAIKWAD**  
(Surname)

**SURAJ**

(Own Name)

**VAMAN**

(Father's/Husband's Name)

**SANGEETA**

(Mother's Name)

College Code : 279

Residential address of the student:

**ROOM NO 175 IKRAMUDDIN SHAH BAUGH GASS ROAD TAKI PADA NALLASOPARA WEST TALUKA**  
**VASAI , 0, Vasai, Palghar, NALLASOPARA, Maharashtra**  
Pincode: 401203

Contact no. 8788378932

TCND191  
26/3/21.

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): SEMT COLLEGE OF ARTS AND COMMERCE ,  
NAWAYAT NAGAR NALLASOPARA

Sir / Madam,

I am to state that I have taken provisional admission to the T.Y.B.Com 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 Commerce Class (Roll No. 57 ) during the First/Second Terms of the Academic year 2007-2008 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in February 2006 Examination (Seat No. M129015)

My Date of Birth is 23/08/1989

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

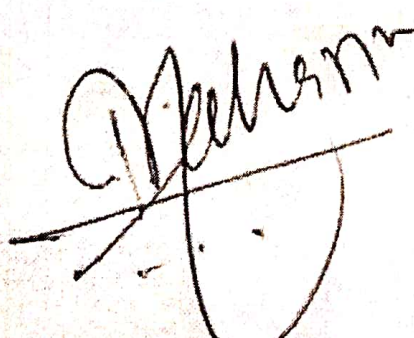
I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



1201-

(Student's  
Signature)



LATE SHRI VISHNU WAMAN THAKUR CHARITABLE TRUST'S  
**VIVA Institute of Management & Research**  
At- Shirgaon, Virar (E), Tal:- Vasai, Dist- Palghar, Pin Code - 401 305.

Application for Transfer Certificate

to Principal  
J.F. Kalsekar College  
B.A. Arts, Commerce &  
Management

Dear Sir / Madam,

This is to state that I am seeking admission in MASTER OF MANAGEMENT STUDIES(MMS) Course of the University of Mumbai at "VIVA Institute of Management & Research", Virar (E) and request you to send my Transfer Certificate to the Director, "VIVA Institute of Management & Research", Virar (E)

PARTICULARS

1. Student's Name : Arzaal Nasir Shaikh
2. Class Attended : Master of Management Studies (MMS)
3. Academic Year : 2020 - 2021
4. Graduation Level Examination Passed : B.COM
5. Year of Graduation Level Examination : October 2020
6. N.O.C. No. : \_\_\_\_\_

Yours Faithfully



(Signature of the Student)

VIVA INSTITUTE OF MANAGEMENT & RESEARCH, VIRAR(E)

Forwarded with compliments to the Director / Head of the Dept.  
\_\_\_\_\_ to issue Transfer Certificate.



Director

VIVA Institute of Management & Research

120 RS paid

9/2/21

LATE SHRI VISHNU WAMAN THAKUR CHARITABLE TRUST'S  
**VIVA Institute of Management & Research**

At- Shirgaon: Virar (E), Tal:- Vasai, Dist- Palghar, Pin Code - 401 305.

Application for Transfer Certificate

Principal

Nawayat Nagar  
Jalasopada (West)  
Maharashtra 401203

Dear Sir / Madam.

This is to state that I am seeking admission in MASTER OF MANAGEMENT STUDIES(MMS) Course of the University of Mumbai at "VIVA Institute of Management & Research", Virar (E) and request you to send my Transfer Certificate to the Director, "VIVA Institute of Management & Research", Virar (E)

PARTICULARS

1. Student's Name : ASNA YUSUF SHAIKH
2. Class Attended : Master of Management Studies (MMS)
3. Academic Year : 2020 -- 2021
4. Graduation Level Examination Passed : BACHELOR OF MANAGEMENT STUDIES (BMS)
5. Year of Graduation Level Examination : 2017 - 2018
6. N.O.C. N.O. : \_\_\_\_\_

Yours Faithfully

Asna

(Signature of the Student)

VIVA INSTITUTE OF MANAGEMENT & RESEARCH, VIRAR(E)

Forwarded with compliments to the Director / Head of the Dept.

to issue Transfer Certificate.



Director  
VIVA Institute of Management & Research

7/5/21  
Paid 120/-  
Jeeben  
06/02/21



LATE SHRI VISHNU WAMAN THAKUR CHARITABLE TRUST'S

# VIVA Institute of Management & Research

At- Shirgaon, Virar (E) .Tal:- Vasai, Dist- Palghar, Pin Code - 401 305.

## Application for Transfer Certificate

Principal

Nawajal nagar  
NALASOPARA (West)  
MAHARASHTRA 401203.

Dear Sir / Madam.

This is to state that I am seeking admission in MASTER OF MANAGEMENT STUDIES(MMS) Course of the University of Mumbai at "VIVA Institute of Management & Research", Virar (E) and request you to send my Transfer Certificate to the Director, "VIVA Institute of Management & Research", Virar (E)

### PARTICULARS

1. Student's Name : SEEMAL ASLAM SHAIKH
2. Class Attended : Master of Management Studies (MMS)
3. Academic Year : 2020 - 2021
4. Graduation Level Examination Passed : BMS - (Bachelor of management studies)
5. Year of Graduation Level Examination : 2019-20
6. N.O.C. N.O. : \_\_\_\_\_

Yours Faithfully

*Seemal*  
(Signature of the Student)

VIVA INSTITUTE OF MANAGEMENT & RESEARCH, VIRAR(E)

Forwarded with compliments to the Director / Head of the Dept. to issue Transfer Certificate.



*HSD*  
Director  
VIVA Institute of Management & Research

paid 120/-  
*Pradha*  
06/12/21

*KMV*

# K.G.S.B.Ed COLLEGE SHAHAPUR

"Vidyamgri" Gat No. 326, At Kumbhari, Post - Awar, Shahapur Kinoyali Road  
Near Liberty Oil Mill, Tal. Shahapur, Dist. Dhule, Pin Code 421 106.

Application for Transfer Certificate from the last Attended

College / University Department

TC NO 2010194926

DE-9/3/2021,

Out Ward No. 2076..... /2020

120/-  
26/2/20

College Code : 835

Shri /smt. / ku.

CALDEIRA BERTHA JEROMINO MARY

( Surname First Name Father/Husband name Mother name )

Residential Address of the Student

VINI RESIDENCY, PHASE - I, A-WING, FLAT No:-703  
NEAR HANUMAN NAGAR, OPPOSITE MAHALAXMI  
COMPLEX, NALLASOPARA (WEST).

Pin code No. 401203.....

Tel. Phone 9004468878

No.....

To,

The Principal/Head of the University Dept.

Full Name and address of the last attended college /University

Dept. A.E. KALSEKAR COLLEGE OF COMMERCE &  
MANAGEMENT, NAWAYAT NAGAR, NALLASOPARA (WEST)

Sir/Madam

I am to state I have taken provisional admission to the F.Y.B.COM.....Class in the institute of Regular education of the University of Mumbai on the objection dated 2010-2011..... issued to me by the college / University dept.

I attended the T.Y.B.COM Class ( Div. A Roll No. .... ) during the first / Second terms of the academic year March 2013..... at your college and passed / failed / was awarded ATKT the Examination held by the University dept./college in University of Mumbai Examination Seat No. 56594.....

I am including the attended Zerox copy of marksheet of the above mentioned Examinations I have also paid the T.C. fee for Rs 100/- at the institute of Regular Education at the time to admission.

Date: 20/2/2020

Signature of the Adm. Clerk

Bertha  
Student Signature

Bertha





**UNIVERSITY OF MUMBAI  
INSTITUTE OF DISTANCE EDUCATION**

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

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

From : Shri / Smt. Kum. MOORTHY KAPILAN MAHENDRA RAJESHWARY College Code : \_\_\_\_\_  
(In Block Letters) (Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)

Residential address of the student C-202, YASHWANT PARK, OPP. ST. XAVIERS SCHOOL, UNITECH-WESTEND, VIRAR (W)

Pin Code : 401 303 Tel. No. 922 615 8650

To  
The Principal / Head of the University Dept.  
(Full Name and Address of the last attended College / University Dept.) KALSEKAR COLLERE

Through Asstt. Registrar (Adm.) I.D.E.

Sir / Madam,

I am to state that I have taken provisional admission to the Master of Commerce Class in the institute of Distance Education 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. Com Class (Div. A Roll No. 60881) during the First/Second Term/s of the academic year 2012 at your College and passed/~~failed~~/was awarded A.T.K.T. at the examination held by the University Dept. / College in April/October March 2012 Examination (Seat No. 60881)

My Date of Birth is 20/01/1988

I am enclosing the attested xerox copy of the mark-sheet/s of the above mentioned examination/s. I have also paid the T.C. Fee of Rs. 100/- at the Institute of Distance Education at the time of admission.

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

Thanking you,



Verified by  
[Signature]  
(Signature of the Adm. Clerk)



Yours obediently,  
[Signature]  
(Student's Signature)

Date : 5<sup>th</sup> / Feb / 2021

**N.B.:** 1) This Application for Transference Certificate must be submitted at the admission counter by only those students who seek admission to I.D.E. on the basis of N.O.C. from the affiliated college or the Department of the University of Mumbai last attended by them.  
2) The old students of I.D.E. are NOT required to fill up this form.

S.E.M.T.'S  
Moinuddin Burhan Harris College of Arts &  
A.E.Kalsekar College of Commerce & Management.  
Nawayat Nagar, Nallasopara (W). Tal. Vasai, Dist. Palghar-401203

Ref. No. 1643 / T.C. / 2020 - 2021

Date: 16/09/2021

To,  
Director,  
Institute of Distance & Open Learning  
S.D.Bhavan,  
University of Mumbai  
Santacruz (E)

Sir,

Reference to your letter No. - \_\_\_\_\_ dated \_\_\_\_\_

Please find enclosed the Transference certificate /s of the following students:

Sr.No	Name of the Student	TC No	Class
1	Dange Aayesha Aftab	2017199654	M.A Part I
2	Khan Khadija Khalid	2017199650	M.A Part I
3	Khan Humaira Naushad Laeeque	2017199652	M.A Part I
4	Falke Farzi Zahoor	2017199651	M.A Part I

Kindly acknowledge receipt.

Thanking You.

Yours Faithfully, 

Principal

Encl: T.C.

Shriparvati Education and Skill Development Trust  
A. E. Kalsekar College of Commerce & Management  
Nawayat Nagar, Nallasopara (W), Tal. Vasai, Dist. Palghar-401203



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

College Code : 279

m:  
i / Smt. / Kum. .

KHAN

HUMAIRA

NAUSHAD LAEEQUE

ATIKA

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

idential address of the student:

B111baitul Aman Baitul Nasar NALLASOPARA , 0, Vasai, Palghar, NALLASOPARA , Maharashtra  
Pincode: 401203 Contact no. 9156018912

o,  
The principal / head of the University Dept

Full Name and Address of the last attended College / University Dept.): M.B HARRIS COLLEGE OF ARTS AND A.E KALSEKAR  
COLLEGE ,  
Nawayat mohalla near z.b english school NALLASOPARA west

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 BA Class (Roll No. 2017016401482157 ) during the First/Second Terms of the Academic year 2017-2018 at your College and  
(passed/failed was awarded A.T.K.T.) at the examination held by the University Dept. / College in October 2020 Examination (Seat  
No. 3007041 )

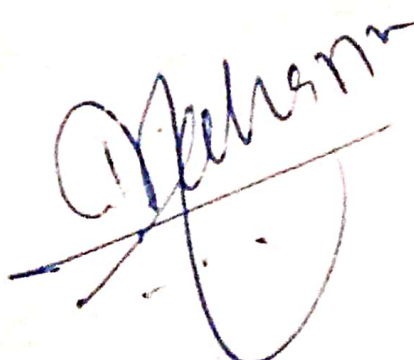
My Date of Birth is 13/08/1999

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,

Yours obediently

Verified by



(Student's  
Signature)

Date:



128 /

**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. .	<b>DANGE</b>	<b>AAYESHA</b>	<b>AFTAB</b>	<b>SHAHEEN</b>
	(Surname)	(Own Name)	(Father's/Husband's Name)	(Mother's Name)
Residential address of the student:	<b>Room No 322,Dange Building Nawayat Mohalla NALLASOPARA , 0, Vasai, Palghar, NALLASOPARA , Maharashtra</b>			
	<b>Pincode: 401203</b>	<b>Contact no. 9518558713</b>		

To,  
 The principal / head of the University Dept  
 (Full Name and Address of the last attended College / University Dept.): **M.B HARRIS COLLEGE OF ARTS AND A.E KALSEKAR COLLEGE ,**  
**Nawayat mohalla near z.b english school NALLASOPARA (w)**  
 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 **BA** Class (Roll No. **3007041** ) during the First/Second Terms of the Academic year at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **October 2020** Examination (Seat No. **3007041** )

**My Date of Birth is 27/02/2000**

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:

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**

(Surname)

**KHADIJA**

(Own Name)

**KHALID**

(Father's/Husband's Name)

**SAFIYA**

(Mother's Name)

College Code : 279

Residential address of the student:

**Chawre Manor C Wing 101/102 Near Samel Pada Nalla Sopara West Nallasopara , 0, Vasai, Palghar, Mumbai, Maharashtra**

Pincode: 401203

Contact no. 7719027737

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): **M.B HARRIS COLLEGE OF ARTS ,**

**M.b Harris college of arts and A.E kalsekar college of commerce and management near nawayat nagar nallasopara west**

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 **Graduation Class** (Roll No. **2017016401482142** ) during the First/Second Terms of the Academic year **2018-2019** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **October 2019** Examination (Seat No. **1006898** )

My Date of Birth is **29/09/2000**

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

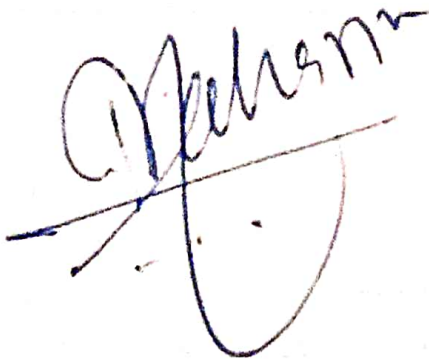
I am to request to sent my **Transference Certificate** directly to the **Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098** at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)



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. . FALKE (Surname) FARZI (Own Name) ZAHOOR (Father's/Husband's Name) RESHMA (Mother's Name) College Code : 279  
Residential address of the student: B/406,Alba Apartment Near Abu Bakkar Masjid Baitul Nasar Nalasopara West , 0, Vasai, Palghar, Mumbai, Maharashtra  
Pincode: 401203 Contact no. 9665627123

To,  
The principal / head of the University Dept  
(Full Name and Address of the last attended College / University Dept.): **MB HARRIS COLLEGE OF ARTS AND A.E KALSKER COLLEGE ,**  
**Nawayat mohalla near z.b English school Nallasopara west**  
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 **BA Class (Roll No. 3007042 )** during the First/Second Terms of the Academic year **2017-2018** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **October 2020** Examination (Seat No. **3007042** )

My Date of Birth is **06/08/1999**

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

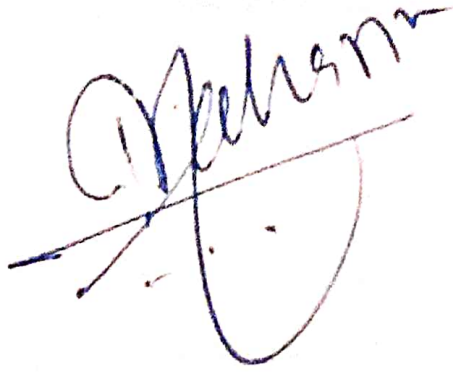
I am to request to sent my **Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.**

Thanking You,

Verified by

Yours obediently

Date:



(Student's  
Signature)

120pwt/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 :				College Code : 279
Shri / Smt. /Kum. .	HALWAI	ZEENAT	SALIM	RAZIYA KHATOON
	(Surname)	(Own Name)	(Father's/Husband's Name)	(Mother's Name)
Residential address of the student:	ROOM NO 102, AL AZIZ MANZIL NAWAYAT NAGAR SOPARA GAON, 0, Vasai, Palghar, NALLAOSPARA WEST, Maharashtra			
	Pincode: 401203	Contact no. 9820121713		

To,  
The principal / head of the University Dept  
(Full Name and Address of the last attended College / University Dept.): M.B HARRIS COLLEGE ,  
NALLASOPARA WEST

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 B.A Class (Roll No. 2017016401482037 ) during the First/Second Terms of the Academic year 2017-2018 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in October 2020 Examination (Seat No. 3007043 )

My Date of Birth is 25/02/1999  
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

(Student's Signature)

Date:



Date 12/12

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. . . . . College Code : 279  
KALAM KEHKASHAN MD KALAM MEENAZ KHATOON  
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)  
Residential address of the student: R Ni F 46 Sopara Park Baitul Nasar Sopara Gaon , 0, Vasai, Palghar, Nallasopara, Maharashtra  
Pincode: 401203 Contact no. 7977705886

To,  
The principal / head of the University Dept  
(Full Name and Address of the last attended College / University Dept.): A E KALSEKAR DEGREE COLLEGE SOPARA ,  
Nawayat Nagar nallasopara west  
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 B Arts Class (Roll No. 2017016401482231 ) during the First/Second Terms of the Academic year 2017-2018 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in October 2020 Examination (Seat No. 3007040 )

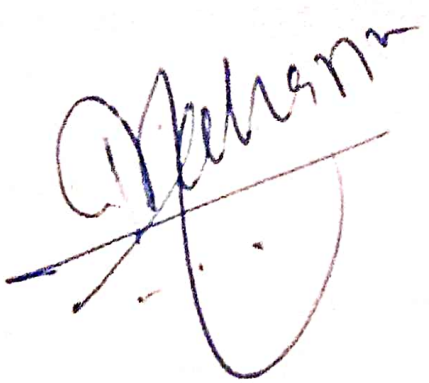
My Date of Birth is 06/08/1999

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



(Student's Signature)

Date:



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. . RAHIS SHABINA MOHD RAHIS SALMA College Code : 279  
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)  
Residential address of the Rm No 112 Ekara Apartment Dange Wadi Gass Road Nallasopara West , 0, Vasai, Palghar, Nallasopara  
student: West, Maharashtra  
Pincode: 401203 Contact no. 7397890077

To,  
The principal / head of the University Dept  
(Full Name and Address of the last attended College / University Dept.): A E KALSHEKAR COLLEGE OF ARTS ,  
Nawayat Nagar nallasopara west  
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 BA Class (Roll No. 2017016401482181 ) during the First/Second Terms of the Academic year 2017-2018 at your College and (passed/failed was awarded A.T.K.T.) at the examination held by the University Dept. / College in October 2020 Examination (Seat No. 3006714 )

My Date of Birth is 05/09/1999

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

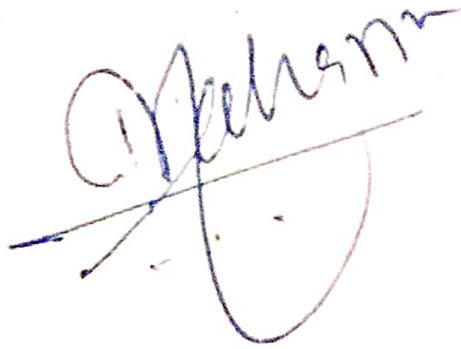
I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student's  
Signature)



120/- paid

**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**  
(Surname)

**GULNAZ**  
(Own Name)

**SHABUDDIN KHAN**  
(Father's/Husband's Name)

College Code : 279  
**HAJRA KHAN**  
(Mother's Name)

Residential address of the student: **Room No. 202 Mulla House , Kharkhandi Mohalla Sopara Gao , 0, Vasai , Nalasopara , Maharashtra**  
Pincode: 401303 Contact no. 8446119345

To,  
The principal / head of the University Dept  
(Full Name and Address of the last attended College / University Dept.): **A E KALSEKAR COLLEGE OF ARTS ,  
Nawayat Nagar Nallasopara west**  
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 **Ba** Class (Roll No. **2017016401482014** ) during the First/Second Terms of the Academic year **2016-2017** at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in **October 2020** Examination (Seat No. **3006706** )

My Date of Birth is **23/11/1999**

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

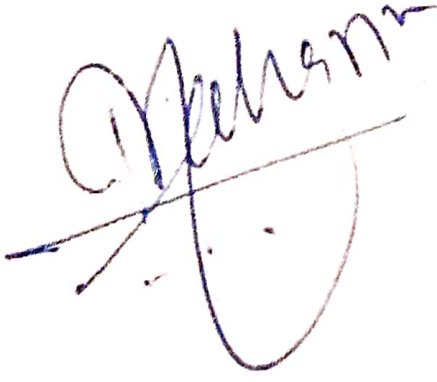
I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student's  
Signature)

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. .

FARAH  
(Surname)

PATHAN  
(Own Name)

YUSUF  
(Father's/Husband's Name)

College Code : 279  
MANNA BI  
(Mother's Name)

Residential address of the student:

B-3 Room No:504 Divyam Heights Mumbai , 0, Mumbai, Mumbai City, Mumbai, Maharashtra  
Pincode: 400058 Contact no. 8087826004

To,  
The principal / head of the University Dept  
(Full Name and Address of the last attended College / University Dept.): MB HARIS COLLEGE OF ARTS ,  
NAWAYAT MOHALLA NALA SOPARA WEST

Sir / Madam,

I am to state that I have taken provisional admission to the M.A. 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 Bachelors Of Arts Class (Roll No. 2017016401482111 ) during the First/Second Terms of the Academic year at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in October 2020 Examination (Seat No. 3007045 )

My Date of Birth is 20/05/1999

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

Date:



(Student's  
Signature)



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. . HAMDARE (Surname) NASHRA (Own Name) JABBAR (Father's/Husband's Name) HASEENA (Mother's Name) College Code : 279  
Residential address of the student: PROVISO HEIGHTS A WING-1301, SECTOR-17 PLOT-88/179 ULWE, NAVI MUMBAI 410206 , 0, Panvel, Raigad, NAVI MUMBAI, Maharashtra  
Pincode: 410206 Contact no. 7028887937


To,  
The principal / head of the University Dept  
(Full Name and Address of the last attended College / University Dept.): M.B HARRIS COLLEGE OF ARTS ,  
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 B.A 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 October 2020 Examination (Seat No. 3006704 )  
My Date of Birth is 17/06/1999


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:  
31/03/2021

  
(Student's Signature)

22/9/2020

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 (Surname) AMMARA (Own Name) RAEES AHMED KHAN (Father's/Husband's Name) FARHANA (Mother's Name) College Code : 279  
Residential address of the student: B/203, PARAS APARTMENT NEAR BAIT-UN-NASR COLONY SOPARA VILLAGE, NALLASOPARA WEST, 0, Vasai, Palghar, NALLASOPARA, Maharashtra  
Pincode: 401203 Contact no. 9561376901

To,  
The principal / head of the University Dept  
(Full Name and Address of the last attended College / University Dept.): M.B HARRIS COLLEGE OF ARTS ,  
NAWAYAT NAGAR, SAMEL PADA, NALLASOPARA(W) -401203, MAHARASHTRA

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 BACHELORS OF ARTS Class (Roll No. 2017016401482165 ) during the First/Second Terms of the Academic year 2019-2020 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in November 2020 Examination (Seat No. 3007044 )

My Date of Birth is 03/07/1999

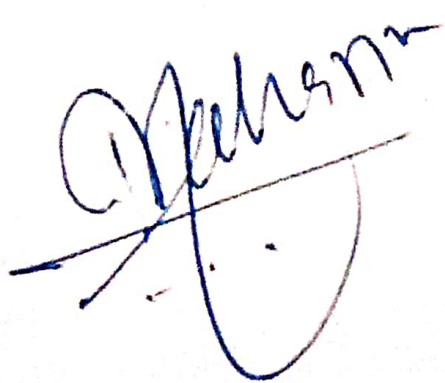
I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.  
I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student's  
Signature)

Paid 120/-  
Jhalbor  
30/6/2021



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

1201-

College Code : 279

Name :  
Mr / Smt. / Kum.

FERNANDES  
(Surname)

FEMINA  
(Own Name)

DOMINIC  
(Father's/Husband's Name)

HILDA  
(Mother's Name)

Residential address of the  
Applicant:

C/10, New Bharat Colony, Don Lane, Achole Road, Nallasopara (East), 0, Vasai, Palghar, Nallasopara,  
Maharashtra  
Pincode: 401209

Contact no. 9673251318

7350791768 ✓

Name of principal / head of the University Dept  
(Full Name and Address of the last attended College / University Dept.): MOINUDDIN B. HARRIS COLLEGE OF ARTS AND  
E.KALSEKAR COLLEGE OF COMMERCE,  
Vidyanagar - Nallasopara (W), Dist. Thane - 401203

Respected Sir / Madam,  
I wish to state that I have taken provisional admission to the S.Y.B.Com class in Institute of Distance and Open Learning of the University of  
Mumbai on the basis of the No Objection Certificate dated 20/08/2019 Issued to me by the College / University Dept.  
I attended the First Year/Part I B.Com Class (Roll No. 22 ) during the First/Second Terms of the Academic year 2009-2010 at your College  
(passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in March 2010 Examination (Seat No. 22 )  
My Date of Birth is 05/06/1990

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,

Yours obediently

Verified by

*Femina*  
(Student's Signature)

Date: 07/10/2020



11/23/2020

To,  
The Principal  
A.E.Kalsekar College of Commerce and Management  
Nawayat Nagar Nallasopara West  
District - Palghar

This is to certify that **Mr. MAURYA VISHAL JAGATRAM** is a taking admission in the Kohinoor College of Hotel & Tourism Management Studies for first year of **BSc. (Hospitality Studies)** three year degree Course during the academic Year 2020-2021.

As per University instruction he require transfer certificate for his enrollment purpose. We request you to give him transfer certificate as urgent basis from your College.

The College is unaided & the course is affiliated to **University of Mumbai**.

**MANISHA VAIDYA**  
**PRINCIPAL**

1201-



Academic Year - (2012-2013)  
 Shaikh Shabnam Abdulhameed  
 07, B wing,  
 Sai Jyot Building  
 Opp Talathi office  
 Nallasopara East.

To,  
 The Principle  
 M.B Harris college of Arts &

Sub: Application for Tc.

Respected,  
 Madam/Sir

I am writing this letter for my transfer certificate as I want to continue my further study. It is my humble request you to kindly issue my Tc as soon as possible.

The details are given below.

T.Y. B.A - (2012-2013)  
 Bed - (2013-2014)

Contact - 9136045509 =  
 9029761819

Thanking you

Shabnam St.  
~~Ramesh~~





**UNIVERSITY OF MUMBAI  
INSTITUTE OF DISTANCE EDUCATION**

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

\* TC NO 75

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

From : \_\_\_\_\_ College Code : \_\_\_\_\_

Shri/Smt. Kum. LOHAR NEETU BHOORARAM KAMALA  
(In Block Letters) (Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)

Residential address of the student A-202 ARIN RESIDENCY PRABHU  
ALI - PEN NEAR KANIYA SHALA

Pin Code: 402107 Tel. No. 8408866187  
79777 27828

To  
The Principal / Head of the University Dept.  
(Full Name and Address of the last attended College / University Dept.) A. E. KALSEKAR  
NALASOPARA (WEST)

Through Asstt. Registrar (Adm.) I.D.E.

Sir / Madam,

I am to state that I have taken provisional admission to the \_\_\_\_\_ Class in the institute of Distance Education of the University of Mumbai on the basis of the No Objection Certificate dated \_\_\_\_\_ issued to me by the College / University Dept.

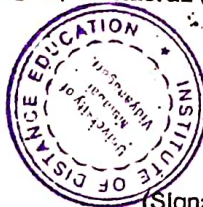
I attended the \_\_\_\_\_ Class (Div. \_\_\_\_\_ Roll No. \_\_\_\_\_) during the First/Second Term/s of the academic year \_\_\_\_\_ at your College and passed/failed/was awarded A.T.K.T. at the examination held by the University Dept. / College in April/October \_\_\_\_\_ Examination (Seat No. \_\_\_\_\_)

My Date of Birth Is \_\_\_\_\_

I am enclosing the attested xerox copy of the mark-sheet/s of the above mentioned examination/s. I have also paid the T.C. Fee of Rs. 100/- at the Institute of Distance Education at the time of admission.

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

Thanking you,



Verified by  
Noel  
29/03/2022  
(Signature of the Adm. Clerk)

Yours obediently,  
Amalika  
(Student's Signature)

Date : \_\_\_\_\_

**N.B.: 1) This Application for Transference Certificate must be submitted at the admission counter by only those students who seek admission to I.D.E. on the basis of N.O.C. from the affiliated college or the Department of the University of Mumbai last attended by them.**

**Students of I.D.E. are NOT required to fill up this form.**



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

College Code : 279

From : Shri / Smt. /Kum. . **SHAIKH** **ROSHNI** **MOHAMMAD IRSHAD** **PERWEEN**  
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)  
Residential address of the student: **18, JAGDISH COLONY BABUL PADA, DON LANE ACHOLE ROAD , NALLASOPARA EAST , 0, Vasai, Palghar, NALLASOPARA, Maharashtra**  
Pincode: 401209 Contact no. 9224220645

To,  
The principal / head of the University Dept  
(Full Name and Address of the last attended College / University Dept.): **A. E. KALSEKAR COLLEGE NALLASOPARA WEST , NA**

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com-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 **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 **July 2018** Examination (Seat No. **3120833** )

My Date of Birth is **25/07/1997**

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,

Yours obediently

Verified by

*Shauich*

(Student's Signature)

Date:

*H. K. Desai*  
I/C DIRECTOR  
INSTITUTE OF DISTANCE AND OPEN LEARNING (DOOL)  
UNIVERSITY OF MUMBAI  
DR. SHANKAR DAYAL SHARMA BHAVAN,  
VIDYANAGARI, KALINA,  
SANTACRUZ (E), MUMBAI-400098



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