



S.E.M.T'S
MOINUDDIN B. HARRIS COLLEGE OF ARTS,
A.E. KALSEKAR COLLEGE OF COMMERCE & MANAGEMENT.
(Affiliated to the University of Mumbai)
SOPARA GAON, SOPARA (W), Vasai, Dist- Palghar
PIN - 401 203, (MAHARASHTRA)
NAAC Accreditation : 'B'

Details of Transfer Certificate 2018-19

SR.N O.	TC. NO	NAME OF THE STUDENT	CLASS ADMITTED IN	UNIVERSITY	COLLEGE	YEAR ATTENDED in TY
1	2015130447	KHAN AYESHA KHATOON ZAFRUL HASAN	M.COM	MUMBAI	IDOL	Apr-18
2	2015130458	KHAN MISBAH JAMAL	M.COM	MUMBAI	IDOL	Apr-18
3	2015130463	KHAN SHAMSIYA PARVEEN MUBIN AHMED	M.COM	MUMBAI	IDOL	Apr-18
4	2015130456	KHAN SUMAIYA KHATOON JAVED AHMED	M.COM	MUMBAI	IDOL	Apr-18
5	2015130453	MALIK TAHSEEN RAISUDDIN	M.COM	MUMBAI	IDOL	Apr-18
6	2015130462	SHAIKH MOHD. NADIM MOHD. NASIR	M.COM	MUMBAI	IDOL	Apr-18
7	2015130450	SHAIKH SAMEERA MOHD MOINUDDIN	M.COM	MUMBAI	IDOL	Apr-18
8	2013130464	KHAN SADAF KHATOON ZAHIRUDDIN	M.COM	MUMBAI	IDOL	Apr-16
9	2014130452	PANDEY ROHIT VIJAY	M.COM	MUMBAI	IDOL	Dec - 17
10	2014130460	SHAH SAMREEN MOHMED AKRAM	M.COM	MUMBAI	IDOL	Dec-17
11	2014130461	SHAIKH AALAM IDRIS	M.COM	MUMBAI	IDOL	Apr-17
12	2014130459	SHAIKH HUSNAIN JAVED	M.COM	MUMBAI	IDOL	Apr-17
13	181	SYED SHARIK ALAM INTEKHAB	B.ED	NAGPUR	RENUKA COLLEGE	Apr- 16
14	182	PATEL MUHEEB SAEED	B.ED	NAGPUR	RENUKA COLLEGE	Apr- 07
15	184	SHAIKH IMRAN AJAMALI	M.B.A	BHARATI VIDYAPEET	BHARATI VIDYAPEET	Apr-17
16	201353896	GAWARE JAGRUTI AJAY	M.COM	MUMBAI	GG COLLEGE	2015-16
17	174	VANGULE SWAPNIL PRADIP	M.COM	MUMBAI	IDOL	Apr-15
18	175	VOHRA RAHIM ABDUL KARIM	M.COM	MUMBAI	IDOL	Mar - 14
19	173	GIDH NILESH TANSEN	M.COM	MUMBAI	IDOL	Apr-17
20	171	ANSARI ARSIYA MOHD ASIF	M.COM	MUMBAI	IDOL	Apr-17
21	172	GAVE KASHIFNAUSHAD	M.COM	MUMBAI	IDOL	Apr-17
22	170	MAYAVANSHI RONA K NATWAR	M.COM	MUMBAI	IDOL	Apr-17

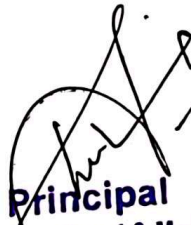


Principal
Shurparaka Educational & Medical Trust's
M. B. Harris College of Arts &
A. E. Kalsekar College of Commerce & Management
Nallasopara (W); Tal. Vasai, Dist. Palghar - 401 203



S.E.M.T'S
MOINUDDIN B. HARRIS COLLEGE OF ARTS,
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SOPARA GAON, SOPARA (W), Vasai, Dist- Palghar
PIN - 401 203, (MAHARASHTRA)
NAAC Accreditation : 'B'

23	201494119	SHRIVASTAVA AKASH KUMAR	M.M.S	MUMBAI	ROHIDAS PATIL MGMT.	Apr-17
24	201596884	KHAN SHABNAM MOHD JALIL	M.M.S	MUMBAI	H.K. INSTITUTE OF MGT STUDIES	Apr-18
25	201697616	PALI WAL RAJKUMAR PRAKASH	M.M.S	MUMBAI	H.K. INSTITUTE OF MGT STUDIES	Apr-18
26	201697619	SAROJ SHWETA CHANDRAKANT	M.M.S	MUMBAI	ROHIDAS PATIL MGT. STUDIES	Apr-18
27	2014115429	MALKANI AYYUB MOHD. RAFIQ	M.M.S		ALLANA INSTITUTE OF MGMT.	Apr-17
28	162	KHAN RAHIMA BANO MOHD AKMAL	M.A	MUMBAI	DEPT OF URDU	Apr-16
29	2013126714	MANIYAR NASIYA IRFAN	B.ED	MUMBAI	ASHADEEP COLLEGE	Apr-17
30	2018121821	SHAIKH AMINA MOHD YUSUF	B.ED	MUMBAI	ASHADEEP COLLEGE	Apr-15
31	201796267	RAHIL ISMAIL ABDUL QAIS	M.COM	MUMBAI	ROYAL COLLEGE	Apr-17
32	2013130454	MUNEEMA RAISUDDIN	M.A	MUMBAI	IDOL	Apr-14
33	2012130378	KHAN SAYEDA BANO MOBIN	B.ED	MUMBAI	ASHADEEP COLLEGE	Apr-15


Principal

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



DU TC given DE 14/12/18
Note : This Application for: Transference Certificate must be submitted to the Principal of College last attended, by the student immediately along with the necessary Transference Certificate fee.

ST. GONSALO GARCIA COLLEGE, VASAI, THANE.
Application for Transference Certificate

From :
Shri / Smt. / Kum. GAWARE JAGRUTI AJAY
(Surname) (Name) (Middle Name)

Residential address of the student Shakti Kanya APL 1st Floor, A Wing, 104
(With Phone No.) P.P. Marg, Virat Nagar, Virar (W) 9867797559.

To,
The Principal,
A.C. Kalsekar College
Of Commerce Ringt.

Sir / Madam,
I am to state that I am seeking admission to the M. Com Part-I
Class in the St. Gonsalo Garcia College, Vasai. I am to request you to send my Transference Certificate to the Principal, St. Gonsalo Garcia College, Behind Vasai Cricket Ground, Vasai, Dt. Thane 401201.

I attended the Ty Bcom Class (Div. A Roll No. 16)
during the First / Second term/s 2016 at your college and passed / failed
at the examination held by the University / College in April / October of 19

(Examination Seat No. 1272043)

Yours Obediently,
Jagruti
(Student's Signature)

St. Gonsalo Garcia College, Vasai,
Dt. Thane 401201.

Dated _____

No. _____
Forwarded with compliments to the Principal _____
_____ for favour of early compliance. The applicant's date of birth and the class to
which the candidate is admitted at the College, may also kindly be supplied along with the enclosed
form.

This form is to be returned to the St. Gonsalo Garcia College alongwith the Transference Certificate

No. _____ Dated _____

Name of the student : Shri / Smt. / Kum _____
Class to which admitted &
Academic Year : 201 _____ 201



Signature
Principal
ST. GONSALO GARCIA COLLEGE
OF ARTS & COMMERCE
St. Gonsalo Garcia College,
Vasai, Dt. Thane 401201

TC NO 174

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 : 01

Residential address of the student:

VANGULE

(Surname)

SWAPNIL

(Own Name)

PRADIP

(Father's/Husband's Name)

PRIYA

(Mother's Name)

ROOM NO. 9, FIRST FLOOR, SAMELPADA, NALLASOPARA (W.), 0, Vasai, Palghar,
NALLASOPARA, Maharashtra

Pincode: 401203

Contact no. 9702668367

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,
NA

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com-Distance Education-2017 Pattern-M.Com I- 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 **April 2015** Examination (Seat No. 1050355)

My Date of Birth is 08/10/1994

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:

Horwada
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



Swagale
(Student's
Signature)

T.C. No 175
Dt.

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. .
Residential address of the student:

VOHRA
(Surname)
B 401 SAI APARTMENT HANUMAN NAGAR NEAR MAITRY AUTO STOP, 0, Vasai, Palghar,
NALLASOPARA, Maharashtra
Pincode: 401203

RAHIM
(Own Name)
ABDUL KARIM
(Father's/Husband's Name)
Contact no. 7756096007

SAMEERA
(Mother's Name)
College Code : 01

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,
NA

Sir / Madam,
I am to state that I have taken provisional admission to the M.Com-Distance Education-2017 Pattern-M.Com I- 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 B COM 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 March 2014 Examination (Seat No. 51552)
My Date of Birth is 20/12/1993

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:

H. G. W. S. U.
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALUNA,
SANTACRUZ (E), MUMBAI-400 098.



P. J. J.

(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

College Code : 01

From :
Shri / Smt. / Kum. . **GIDH** **NILESH** **TANSEN** **UJWALA**
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: **B/305, SAI DARSHAN APT 3rd FLOOR, SOPARA BHANDAR ALI NALLASOPARA WEST, 0, Vasai,**
Pincode: **401203** Contact no. **8983736816**

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 AND MANAGEMENT ,**
NA

Sir / Madam,
I am to state that I have taken provisional admission to the **M.Com-Distance Education-2017 Pattern-M.Com I- 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 **BACHELOR OF 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 **August 2017** Examination (Seat No. **6285275**)

My Date of Birth is **22/08/1996**

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:

H. K. S. K.
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



Nyish
(Student's
Signature)

23/11/2017

TC NO 171

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 : 01

From :
Shri / Smt. /Kum. .

ANSARI
(Surname)

ARSHIYA
(Own Name)

MOHAMMAD ASIF
(Father's/Husband's Name)

SAJIDA
(Mother's Name)

Residential address of the student:

B 312 Jagdish Colony Don Lane ,Achole Road Nallasopara East , 0, Vasai, Palghar, Nallasopara ,
Maharashtra
Pincode: 401209 Contact no. 8087355195

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): AE KALSEKAR COLLEGE OF COMMERCE ,
NA

Sir / Madam,

I am to state that I have taken provisional admission to the **M.Com-Distance Education-2017 Pattern-M.Com I- 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 **Bachelor of 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 April 2017 Examination (Seat No. 6285259)
My Date of Birth is 13/06/1997

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,

Verified by

Yours o

Date:

Handwritten signature
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



(S)

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

From :

College Code : 01

Shri / Smt. /Kum.

GAVE

KASHIF

NAUSHAD

ATIYA

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

101, Pearl Plaza Gass Rd, Waza Mohalla Nallasopara (West), 0, Vasai, Palghar, Nallasopara, Maharashtra

Pincode: 401203

Contact no. 9324396329

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 AND MGMT

ALLASOPARA WEST;

NA

Sir / Madam,

I am to state that I have taken provisional admission to the M.Com-Distance Education-2017 Pattern-M.Com I- 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 B.COM 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 April 2017 Examination (Seat No. 6285274)

My Date of Birth is 11/11/1996

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.

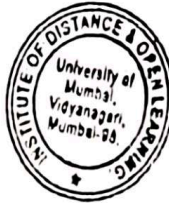
Thanking You,

Verified by

Yours obediently

Date:

H. K. Desai
I/C DIRECTOR
 INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
 UNIVERSITY OF MUMBAI
 DR. SHANKAR DAYAL SHARMA BHAVAN,
 VIDYANAGARI, KALINA,
 SANTACRUZ (E), MUMBAI-400 098.



(Student's Signature)

TC NO 170

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 : 01
Residential address of the student: MAHYAVANSHI (Surname) RONAK (Own Name) NATWAR (Father's/Husband's Name) NIRMALA (Mother's Name)
A,01 INDRALOK SOCIETY SHURPARAK NAGAR NALLASOPARA (WEST), 0, Vasai, Palghar, MUMBAI, Maharashtra
Pincode: 401203 Contact no. 9960813593

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 AND MANAGEMENT ,
NA

Sir / Madam,
I am to state that I have taken provisional admission to the M.Com-Distance Education-2017 Pattern-M.Com I- 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 B.COM SEM SIX 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 August 2017 Examination (Seat No. 6285316)

My Date of Birth is 31/05/1996
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:

Horwade
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



(Student's
Signature)



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: 31/7/18

To,
The Director / Principal
A. E. Kalshkar
Navayat Nagari
Nallasopara (W)
Dis. Palghat

Subject : Application for Transfer Certificate

Sir/Madam,

I, Shri/Kum. Akash Anit Shrivastava, seeking admission in MMS in Rohidas Patil Institute of Management Studies, Bhayander (East).

I have attended the BMS class in - division (Roll No. _____) during academic year 2016-17 at your college and passed in the examination held in April / October April with Seat No. 6359393

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,

Akash
(Signature of the Student)

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



BKane
Dr. Bhupesh V. Rane

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



Maharashtra Educational Society's

H.K. INSTITUTE OF MANAGEMENT STUDIES & RESEARCH

(Approved by AICTE, DTE & Affiliated to University of Mumbai)

H.K. Campus, Adj. MHADA Complex, Pratiksha Nagar, Oshiwara, Jogeshwari (W), Mumbai - 400 102.
Tel. No. 022-26774588 / 26788462 Fax No. 022-26790095 Website : - www.hkimsr.edu.in E-mail ID :- mba.director@hkimsr.edu.in

Application for Transference Certificate

From,

Name of the Student: khan Shabnam Mohammad Jalil
Residential Address of the student 110, Raunak Manzil, Nawayat
Nagar, Nallasopara west - 401 203

To,

The Principal,

(Full Name and Address of the last attended College): A.E. Kalsekar college of
Commerce and Management ., Nawayat Nagar, Nallasopara
west - 401 203.

Sir/Madam,

I beg to state that I am seeking admission to the **MMS Class at H.K Institute of Management Studies & Research.**

I attended the T.V. BMC Class (Div. - Roll No.) during the First/Second Term/s 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 March Examination (Seat No. 3213460)

I am to request to send my Transference Certificate directly to the **Director, H.K. Institute of Management Studies & Research. H.K. Campus, Adj. MHADA Complex, Pratiksha Nagar, Oshiwara, Jogeshwari (W), Mumbai - 400 102** at the earliest.

Thanking you,

Verified by

(Signature of Registrar)

Yours obediently

(Student's Signature)

Date : 6-08-18

REGISTRAR

H.K. INSTITUTE OF MANAGEMENT STUDIES & RESEARCH
JOGESHWARI (W), MUMBAI-400 102.

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. Thane-401203

Ref. No. / T.C./ 2018

Date: 14/08/2018

To,
Director,
Rohidas Patil Institute of Management Studies
Bhayandar (E)

Sir,

Please find enclosed the Transference certificates of the following student:

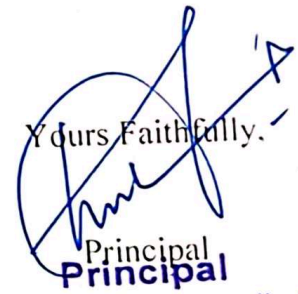
	Name of the student	T.C. Nos.	Class
1	PALIWAL RAJKUMAR PRAKASH	-	MMS.
2	SAROJ SHWETA CHANDREKESH	-	MMS

Kindly acknowledge receipt.

Thanking You.

Encl: T.C.



Yours Faithfully,

Principal

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



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 : 13/8/2018

To,
The Director / Principal

A. E. KALSEKAR

college of comm.

& Arts, NALLASOPARA (W).

Subject : Application for Transfer Certificate

Sir/Madam,

I, Shri/Kum. PALIWAL RAJKUMAR PRAKASH, seeking admission in MMS in Rohidas Patil Institute of Management Studies, Bhayander (East).

I have attended the TYBMS class in A division (Roll No. _____) during academic year 2018 at your college and passed in the examination held in April / October 2018 with Seat No. 3213498.

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

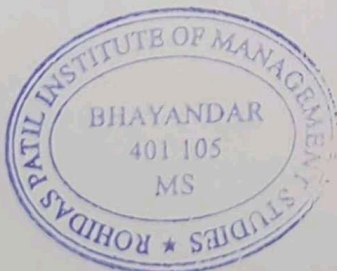
I request you to send my Transfer Certificate, Digital TC, Confirmation letter and PRN No. list issued by MKCL duly attested by the Principal.

Thanking You.

Yours Faithfully,

(Signature of the Student)

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



Dr. Bhupesh V. Rane

DIRECTOR

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

T.C given
Date - 31/01/18

Anjuman-I-Islam's
ALLANA INSTITUTE OF MANAGEMENT STUDIES (AIAIMS)
Badruddin Tyabji Marg, Off. 92, Dr. D. N. Road, Mumbai-400 001.

Application for Transference Certificate

From :
Shri / Smt. / Kum. MALKANI AYYUB MOHDRAFIQ
(Surname) (Name) (Middle Name)

Residential Address of the Student : 622, Malkani House, Indani,
Talay, Karari Baugh, Taki pada
Cross Road, Nallesopara (W) 401203

To,
The Principal / Director / Head of Department,
A. E. Kalsekar

Sir / Madam,
I am seeking admission to the MMC Degree Programme
of University of Mumbai at the Anjuman-I-Islam's Allana Institute of Management Studies,
Mumbai. I am to request you to send my Transference Certificate to the Director, Anjuman-I-
Islam's Allana Institute of Management Studies, Badruddin Tyabji Marg, Off. 92, Dr. D. N.
Road, Mumbai-400 001.

I attended the BMS Course (Div. _____ Roll No. _____)
during the 2016 term/s of 2017 of your College / Institute / Department and
Passed / Failed at the examination held by the University in April / October, of 2017
(Exams Seat No. 6359291).

Yours obediently,
Ayyub
(Student's Signature)



Anjuman-I-Islam's
ALLANA INSTITUTE OF MANAGEMENT STUDIES (AIAIMS)
Badruddin Tyabji Marg, Off. 92, Dr. D. N. Road, Mumbai-400 001.

Date : 28-08-2018

Rel. : AIAIMS /
Forwarded with compliments to the Principal / Director / Head of Department A. E. K.
Kalsekar College for favour of early compliance.
The applicant's date of birth may also kindly be indicated.

[Signature]
Registrar,
Director / Registrar
Allana Institute of Management Studies,
Mumbai - 400 001.

1. Name of the Candidate : Malkani Ayyub Mohd Rafiq
2. Admitted to BMS Programme.
3. Academic year : 2018-2019.

N. B. : Please Send this counter part alongwith Transference Certificate.

01

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

Date: 9/05/2017

Ref. No. 905/T.C./2016 - 2017

To,
The Head
Department of Urdu
University of Mumbai.
Mumbai- 400 098

Sir,

Please find enclosed the Transference certificates of the following students:

	Name of the student	T.C. Nos.	Class admitted in.
1	KHAN RAHIMA BANO MOHAMMED AKMAL	162	M.A - I

Kindly acknowledge receipt.

Thanking You.

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.

Encl: T.C.



Received

Devastmas

9/5/17



Renuka Education Society's
Renuka College of Education, Renapur

Tq. Renapur, Dist. Latur

Ganesh Nagar, Saraswati Colony, Renapur-413527 Ph.: 02382-233034, Fax. - 02382-233179

Date: 17/10/2018

Ref. Res/Bed/2018/19/95

प्रति,

प्राचार्य M. B. Harris College of Arts & A. E. Kalsekar
College of Commerce & Mgt.

विषय:- टी.सी. (Transfer certificate) मिळणे बाबत.

मोहदय ,

वरील विषयी विनंती करण्यात येते की. श्री सयद सारिक आलम इलकाम
हा प्रशिक्षणार्थी आमच्या रेणुका अध्यापक महाविद्यालय (बी. एड.) रेणापूर ता. रेणापूर
जिल्हा . लातूर येथे शैक्षणिक वर्ष २०१८ -२०१९ या वर्षात बी.एड. प्रथम वर्षात प्रवेशित
आहे . तरी सदरील विद्यार्थ्यास टी. सी. ची आवश्यकता आहे .

तरी मा. प्राचार्य साहेबांनी टी.सी. (Transfer certificate) देऊन सहकार्य करावे .

TC NO^o. 180, 181
Date: 14/12/18



Principal

Renuka Adhyapak Mahavidyalaya
Renapur, Dist. Latur



Mother Velankani Education Trust Run's
Ashadeep Adhyapak Mahavidyalaya

ENGLISH MEDIUM (B.ED./COLLEGE)

(Affiliated to University of Mumbai)

Mahesh Park, Tulinj Road, Nallasopara (E), Tal. Vasai, Dist. Thane, PIN - 401209.
E-mail : mothervelankani.educationtrust@gmail.com Website : www.mvet.ashadeep.org

Ref. No. AAM/226/2018-19

TC NO 2018126714
Date; 8/12/18

Date : 24/10/2018

GRNO 1053

ASHADEEP ADHYAPAK MAHAVIDYALAYA
ENGLISH MEDIUM (B.Ed / D.Ed COLLEGE)
(MANAGED BY MOTHER VELENKANI EDUCATION TRUST RUN'S)
APPLICATION FOR TRANSFERENCE CERTIFICATE/MIGRATION

From:

Shri/Kum/Smt:

Maniyar

Nasiya

Irfan

(Surname)

(Name)

(Middle Name)

To,

The Principal (Previous college Name and Address)

M.B. Harris College of Arts

A.E. Kalsekar College of Commerce & management

Nallasopara (W)

Sir/ Madam,

I am to state that I seeking admission to the B.Ed. class in ASHADEEP ADHYAPAK MAHAVIDYALAYA, Nallasopara (E).

I am to request you to send my Transference Certificate to my Principal, ASHADEEP ADHYAPAK MAHAVIDYALAYA, Mahesh Park, Tulinj Road, Nallasopara (E), Tal: Vasai, Dist: Thane-401209

I attended the 14th Bcom class (DIV Roll No.) during the First / Second Term/s of June of your college and passed / failed at the examination held by the University in April / October, of 2017. (Examination Seat No. 6285318)

Yours faithfully

(Students Signature)

[Signature]

ASHADEEP ADHYAPAK MAHAVIDYALAYA
Mahesh Park, Tulinj Road, Nallasopara (E)
Tal: Vasai, Dist: Thane-401209

Forwarded with Compliments to the Principal, _____

The Students will pay the TC fee directly.

[Signature]
Principal

ASHADEEP ADHYAPAK MAHAVIDYALAYA
Tulinj, Nallasopara (E); Dist. Thane-401 209

BHARATI VIDYAPEETH'S
INSTITUTE OF MANAGEMENT STUDIES & RESEARCH
SECTOR NO.8, CBD, BELAPUR, NAVI MUMBAI

Date- 01/02/19

To,
The Principal
A.E. Kassekar
College of
Commerce and mgmt

Sir,
I beg to state that I am seeking admission to the MBA Course in
above mentioned institute and request you to be good enough to send my
Transference Certificate to the Director of the said Institute.

I attended the Ty Bcom Class of your College during April 2017
My Roll No. was ----- I passed VI Ty Bcom examination
in April 2017 Examination Seat No. 6285360.

Yours faithfully,

Imran
Signature

STUDENTS FULL NAME SHAIKH IMRAN AAJMALI
(BEGINNING WITH SURNAME)

Forwarded with Compliments to the 6285360
----- for favour of compliance.

AA
Director
Bharati Vidyapeeth University
School of Distance Education
Sector-8, C.B.D., Belapur
Navi Mumbai- 400 614



ROYAL COLLEGE OF ARTS, SCIENCE AND COMMERCE
MIRA ROAD, DIST : THANE.

APPLICATION FORM FOR TRANSFERENCE CERTIFICATE

To,
The Principal,

Date 04/08/2018

A. E. Kalsekar college of Art, Science & Commerce.
Nawayat Mohallah, Sopara Gaon, Nallasopara (W).
401203.

Respected Sir,

I beg to state that I am seeking admission to the M. Com - I class
in Royal College and request you to send my
Transference Certificate to the Principal of the said College.

I attended the T. Y. B. Com class in your college during First/
Second term of the academic year 2016-17 and Passed / Failed
at the April 17 Examination of _____

My Roll No. was _____

My Birth date is 14/02/1996

(in word) Fourteenth February Nineteen Ninety Six

Kindly mention the Enrolment number on Transfer Certificate

Yours Obediently

Ismail

Signature of Student

Student's full name RAHI ISMAIL ABDUL QAIS
(beginning with surname)

Residential Address A, 303, New Saryu, Near Janta
Dairy, Naya Nagar, Mira Road (E). Thane 401107

PHONE NO.: 8652378458

Forwarded with compliments To the Principal, A. E. KALSEKAR

College for favour of Compliance.

Q 4 AUG 2018



for Jadhav
7/8/18
PRINCIPAL
ROYAL COLLEGE
ROYAL COLLEGE OF ARTS
SCIENCE & COMMERCE
PENKAR PADA, MIRA ROAD,
DIST : THANE. PIN : 401107.

o/c

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: 9/4/2019

SEMT/1258/19

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	MUNEEMA RAEESUDDIN	2013130454	M.A -I

Kindly acknowledge receipt.

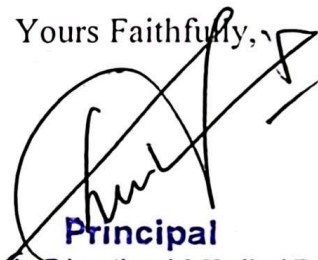
Thanking You.

Yours Faithfully,

Encl: T.C.



10/04/2019


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.

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 .

MALIK

TAHSEEN

RAISUDDIN

TAQDIRUNNISA

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

B/02, Palmwood apt Dange Colony, Samel Pada Nallasopara wea , 0, Vasai, Palghar, Nallasopara, Maharashtra

Pincode: 401203

Contact no. 9987983724

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): A.E.KALSEKAR DEGREE COLLEGE OF COMMERCE , 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 B.Com 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 April 2018 Examination (Seat No. 3119878)

My Date of Birth is 04/07/1998

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: 31-08-18

Handwritten Signature
HC DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IOOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098



Handwritten Signature
(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 :				College Code : 279
Shri / Smt. /Kum. .	KHAN	SUMAIYA KHATOON	JAVED AHMED	NAJMA
	(Surname)	(Own Name)	(Father's/Husband's Name)	(Mother's Name)
Residential address of the student:	303/304 Alsafa Apt. , sai nagar Nallasopara west. Sainagar , 0, Vasai, Palghar, Nallasopara, Maharashtra			
	Pincode: 401203	Contact no. 8237894667		

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 ,**
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 **B.Com. 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. **3119734**)

My Date of Birth is **06/11/1996**

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

I am 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

H. Chaudhary
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (1001)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALUHA,
SANTACRUZ (E), MUMBAI-400 098.



Khan Sum
Ahaji
(Student's
Signature)

Date:

28/08/18

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 SHAMSIYA PARVEEN MUBIN AHMED College Code : 279
(Surname) (Own Name) (Father's/Husband's Name) BADRUNNISHA
Residential address of the student: B 211 2nd floor ansari nagar vtra road nalaspara east , 0, Vasai, Palghar, nalasopara, Maharashtra
Pincode: 401209 Contact no. 7020511749 (Mother's Name)

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 AND MANAGEMENT ,
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 Bachelor of 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 April 2018 Examination (Seat No. 3119730)

My Date of Birth is 22/12/1998

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:

Handwritten Signature
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E) MUMBAI-400 098



(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

College Code : 279

From :
Shri / Smt. /Kum. . KHAN AYESHA KHATOON ZAFRUL HASAN NAFISA
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: ROOM NOA/102 SHAMA MANZIL VIRAR ROAD NEAR PRINCE PARK , 0, Vasai, Palghar,
NALLASOPARA, Maharashtra
Pincode: 401209 Contact no. 8459489018

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 AND MGT ,
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 B.COM Class (Roll No. NA) during the First/Second Terms of the Academic year NA at your College and (passed/failed/was absent) at the examination held by the University Dept. / College in April 2018 Examination (Seat No. 3119697)

My Date of Birth is 13/02/1998

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: 31/08/2018

Shankar
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098



Paul
(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

College Code : 279

From :

Shri / Smt. /Kum..

Residential address of the student:

KHAN (Surname)	MISBAH (Own Name)	JAMAL (Father's/Husband's Name)
C-302 , govindpuri chs Nilegoan , 0, Vasai, Palghar, Mumbai, Maharashtra	Pincode: 401203	Contact no. 9850509008

NAHID

(Mother's Name)

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 ,**
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 **B.Com 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 **April 2018** Examination (Seat No. **3119706**)

My Date of Birth is 17/04/1996

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

I am enclosing the Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai,

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: 31/9/2018

Shrikant
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (I.D.O.L.)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTAPCRUZ (E), MUMBAI-400 099.



Shrikant
(Student's
Signature)

UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyarnagar, Santacruz (east), Mumbai-400098

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

From :
Shri / Smt. /Kun. . KHAN SADAF ZAHIRUDDIN SALIKUN
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: B-303 MAHARAJA RESIDENCY SAMEL PADA , 0, Vasai, Palghar, NALLASOPARA, Maharashtra
Pincode: 401203 Contact no. 9323007401
College Code : 01

To :
Principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept): A E KALSEKAR COLLEGE ,
NA

Sir / Madam,
I am to state that I have taken provisional admission to the M.Com-Distance Education-2017 Pattern-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 BCOM 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 June 2016 Examination (Seat No. 1272063)
My Date of Birth is 28/04/1995

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, Vidyarnagar, Santacruz (East), Mumbai – 400 098 at the earliest.

Thanking You,

Verified by _____ Yours obediently

H. D. D. D.
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (DOOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



(Student's Signature)

Date:

8/17/2018

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.
Residential address of the student: **SHAH** (Surname) **SAMREEN** (Own Name) **MOHMED AKRAM** (Father's/Husband's Name) **ASMA** (Mother's Name)
B/04, Al Aqsa Apartment Nawayat Nagar , 0, Vasal, Palghar, Nalasopara West, Maharashtra
Pincode: 401203 Contact no. 8698098595

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

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 **Bachelor In 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 **February 2018** Examination (Seat No. 2193663)
My Date of Birth is 20/12/1996

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:

Handwritten Signature
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



(Student's Signature)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanageri, Santacruz (east), Mumbai-400098

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

From :

Shri / Smt. / Kum. .

SHAIKH

(Surname)

AALAM

(Own Name)

IDRIS

(Father's/Husband's Name)

RAEESA

(Mother's Name)

College Code : 279

Residential address of the student:

Room No 8 Marchant Chawl Aman Nagar Taki Pada , 0, Vasai, Palghar, Nallasopara, Maharashtra
Pincode: 401203 Contact no. 9689762422

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): A E KALSEKAR DEGREE COLLEGE ,
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 **B Com** 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 **April 2017** Examination (Seat No. **6285359**)

My Date of Birth is 01/01/1997

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, Vidyanageri, Santacruz (East), Mumbai – 400 098 at the earliest.**

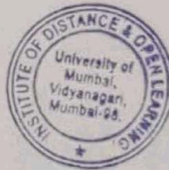
Thanking You,

Verified by

Yours obediently

Date:

Shankar
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098.



(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. PANDE ROHIT VIJAY VIJAYA
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: laxmi chawl, room no-02 perera compound , 0, Mumbai, Mumbai City, MUMBAI, Maharashtra
Pincode: 400066 Contact no. 9892019448
College Code : 279

To : Principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): Z B ZAKARIA COLLEGE ,
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 Ty.Bcom 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 December 2017 Examination (Seat No. 2193473)
My Date of Birth is 24/02/1995
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:

H. G. Sawade
H/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING HOOD
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KALINA,
SANTACRUZ (E), MUMBAI-400 098



(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. .

SHAIKII
(Surname)

SAMEERA
(Own Name)

MOIID MOINUDDIN
(Father's/Husband's Name)

College Code : 279
RAFATUNNISA
(Mother's Name)

Residential address of the
student:

R No 204 Muskan Apartment Shankar nagar Rajan pada , 0, Vasai, Palghar, Nallasopara,
Maharashtra
Pincode: 401209

Contact no. 9158610353

To,
The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.): A E KALSEKAR COLLEGE ,
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 B Com 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 March 2018 Examination (Seat No. 3120843)

My Date of Birth is 04/03/1998

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:

Shankar
I/C DIRECTOR
INSTITUTE OF DISTANCE AND OPEN LEARNING
UNIVERSITY OF MUMBAI
DR. SHANKAR DAYAL SHARMA BHAVAN,
VIDYANAGARI, KAUNA,
SANTACRUZ (E), MUMBAI-400 098



Sameera
(Student's
Signature)

ESTD. 2007



Mother Velankani Education Trust Run's Ashadeep Adhyapak Mahavidyalaya

ENGLISH MEDIUM (B.ED./COLLEGE)

(Affiliated to University of Mumbai)

Mahesh Park, Tulinj Road, Nallasopara (E), Tal. Vasai, Dist. Thane, PIN - 401209.
E-mail : mothervelankani.educationtrust@gmail.com Website : www.mvet.ashadeep.org

Ref. No. AAM/241/2018-19

digital TC
2012130378
DT

Date : 1/11/2018

ASHADEEP ADHYAPAK MAHAVIDYALAYA
ENGLISH MEDIUM (B.Ed / D.Ed COLLEGE)
(MANAGED BY MOTHER VELENKANI EDUCATION TRUST RUN'S)
APPLICATION FOR TRANSFERENCE CERTIFICATE/MIGRATION

From:

Shri/Kum/Smt: Khan

(Surname)

Sayeda band

(Name)

Mobin Ahmad

(Middle Name)

To,

The Principal (Previous college Name and Address)

A.E. Kalsekar college of Art & Commerce

shaker Mohalla Nat Sopara gaon Nallasopara

(W) pin code - 401 203

Sir/ Madam,

I am to state that I seeking admission to the B.Ed. class in ASHADEEP ADHYAPAK MAHAVIDYALAYA, Nallasopara (E).

I am to request you to send my Transference Certificate to my Principal, ASHADEEP ADHYAPAK MAHAVIDYALAYA, Mahesh Park, Tulinj Road, Nallasopara (E), Tal: Vasai, Dist: Thane-401209

I attended the b.com class (DIV _____ Roll No. _____) during the First / Second VIth Term/s of b.com of your college and passed / ~~failed~~ at the examination held by the University in April / ~~October~~, of 2015 (Examination Seat No. 10494018)

Yours faithfully

Sayeda K.
(Students Signature)

ASHADEEP ADHYAPAK MAHAVIDYALAYA
Mahesh Park, Tulinj Road, Nallasopara (E)
Tal: Vasai, Dist: Thane-401209

Forwarded with Compliments to the Principal, _____

The Students will pay the TC fee directly.

[Signature]
Principal

ASHADEEP ADHYAPAK MAHAVIDYALAYA
Tal: Vasai, Nallasopara (E); Dist. Thane-401 209