

UNIVERSITY SCHOOL OF SCIENCES

GUJARAT UNIVERSITY
AHMEDABAD-380009

TRANSFERENCE CERTIFICATE

From :

..... (Please write you full
..... name and complete
..... postal address.)

To,

The Principal,

..... (Please write full address
..... of your Degree College)
.....

Dear Sir,

I beg to state that I am seeking admission to the M.A./M.Sc./Ph.D./Botany/ Chemistry/Zoology/
Microbiology/Mathematics/Statistics/Physics/Electronics/Life Science/Environmental Science/Geogra-
phy/Bio-chemistry/Bio-technology/Bio-medical Technology class of this Institution and request that you
will be good enough to send my Transference Certificate to the Director.

I attended the class in your College in the Subject of
during the 1st term/2nd terms of the year

Yours faithfully,

.....

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No. :

Date :

Forwarded with compliments to the Principal College
for favour of compliance. He is requested to inform this office if the applicant has to pay any fee for
the Transference Certificate.

.....
(Director)

* The application for Transference Certificate should be addressed to the Principal of the College
attended immediately before joining the School.