ALL OF DISTANCE FOUND	INSTITUTE OF DISTANCE EDUCATION UNIVERSITY OF MUMBAI Dr. Shankar Dayal Sharma Bhava, Vidyanagari Campus, Kalina, Santacruz (East), Mumbai – 400 098. Application for Transference Certificate from the last attended College / University Department			
From :				
Shri/Smt/Kum (In Block Letters)		(Own Name)	(Father's/Husband's Name)	(Mother's Name)
Residential Address of the	student			
			Tel. No.:	
То				
The Principal/Head of the	University Dept.			
(Full Name and Address of	f the last attended	College / University l	Dept.)	
Distance Education of the I Issued to me by the Colleg I attended the Term/s of the academic yea examination held by the U No) I am enclosing the also paid the T.C. Fee of R I am to request to send m	have taken provisi University of Mun e / University Dep ar niversity Dept./ C attested xerox cop s. 100/- at the Inst	nbai on the basis of th t. Class (Div at your College a ollege in April/Octob y of the mark-sheet/s itute of Distance Edu Certificate directly	dm.) I.D.E. e Classes he No Objection Certificate Roll No) during and Passed/failed/was awar her) of the above mentioned extraction at the time to admisse to the professor-cum-Dir mpus, Kalina, Santacruz	dated g the First/Second ded A.T.K.T. at the _Examination (Seat camination/s. I have sion.
Thanking you,				
		Verified by	Yo	urs obediently,
Date :	(Signat	ure of the Adm. Clerk	k) (St	udent's Signature)
those students w Department of th	vho seek admissior he University Of M			