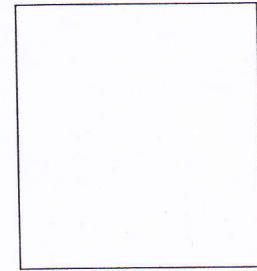


**SRI SATYA SAI UNIVERSITY OF TECHNOLOGY &
MEDICAL SCIENCES, SEHORE (M.P)**

Application for Issue of Transfer Certificate

To,
The Dean / HOD
.....
Sehore (M.P)



Sir,

I have been a student of -----(Course) as
Regular/Ex-student of(Department/Constituent Unit)

1. Full name in English (In Capital Letters).....
2. Father's Name
3. Enrollment No.....
4. Examination last appeared/PassedYear.....division.....
5. Marks obtained in last semester / Examination out of
6. Grand Total (Including weightage)out of
7. Branch
8. Mobile No

(Enclose the Attested photo copy of all mark sheet)

Date:

Signature of Student

Address must be filled in capital letters

.....
.....
.....Pin.....

For Official Use

Transfer Certificate may be issue to

Name of student

Enrollment No.....

**Signature and seal of the
Principal /Head of the Institution**