

Application for Transfer Certificate

From

To

Name :

The Principal

Father Name :

S.K.S.S.Arts College,

Resi. Address :

Thiruppanandal - 612 504

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Sir,

I studied in our college as follows. I request you to issue Transfer Certificate to me.

Name :

Uni.Reg.No :

Course :

Completed / Incomplete.

Period :

NO DUES :-

Signature of Student

Library

Guide

HOD

T.C. & +2 / U.G Mark Sheet(s) Received