

PATALDHAMAL WADHWANI COLLEGE OF PHARMACY, YAVAMTAL

Application for Leaving Certificate / Transcription / Bonafide Certificate / Original Documents / Training Completion Certificate



To,
The Principal,
P. Wadhvani College of Pharmacy,
Yavatmal

Subject - Application for Leaving Certificate / Transcription / Original Document / Bonafide Certificate / Original Documents.

R/Sir,
I wish to apply for Leaving Certificate / Transcription / Original Document / Bonafide Certificate / Original Documents.

My academic details are given below -

Course	Year of admission	Enrollment No	Class in which studying	Year of passing Final Yr./ Semester and exam sheet No.	Division
B. Pharm / M. Pharm					

Date of Birth -

Reason of applying for certificate / documents

Clearance Details

Total Fees paid Rs.	Balance Fees If any Rs.	Balance Charges if any Rs.	Charges Paid for certificate Rs.	Library dues If any / Nil	Clearance of Store
Signature of Accountant				Signature of Librarian With seal	Signature of Store keepers

I have paid required fees for Certificate Rs. and done the clearance from library and store.

You are kindly requested to Issue the leaving certificate / transcription / bonafide / original documents listed below.

1) 2) 3) 4)

Date _

Yours obedient

(Signature of applicants)

Remark by Principal

Issue the leaving certificate / transcription / bonafide / original documents letter for ind-traning / Gift sample/etc.

Date -

Prof. (Dr.) A. V. Chandewar
Princiapl