

Application for Transference Certificate

Name of Student (Full Name) :- _____
 (In Capital Letters) (Surname) (First Name) (Middle Name)

Admission Year :- 20 - 20

Month & Year of Passing :- April / Oct 20 _____ (Attach Xerox Copy of B. Arch. Mark sheet)

Reason for TC :- _____ Collection of TC :- **By Hand**

After B. Arch, there is any admission :- Yes No (Tick appropriate)

If yes, Give College Name :- _____

Job Details :- Service / Self Employment / Business / Other _____

Name of Organization :- _____

Address of Organization :- _____

Govt. / Private :- _____ Package :- _____

Students Full Address :- _____

Tal. _____ Dist. _____ Pin. _____

Mobile No.:- _____ E-mail.:- _____

In case of Postal delay/Loss of documents/Misplacement of document during the postal transit, the college office is not responsible in case of the aforesaid facts. **Hence Students are advised to collect their TC in person. Kindly call on 02112-239545 and confirm TC status before collection of TC.** Duplicate TC will be issued on submission of Notarized Affidavit on Rs. 100/- Stamp Paper and FIR copy from Police Station. Matter of Affidavit is available on download Section of College Website (www.vpsoa.org)

Date:- / /20

(Signature of Student)

(For Account Use)

No Dues form submitted	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Original FY Fee Receipt submitted	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If no, send Original FY Fee Receipt to College Address immediately for further processing.

(Signature of Accountant)

Remarks :- _____

(Principal)



Vidya Pratishtan's School of Architecture, Baramati

Vidyanagari, Bhigwan Road, Baramati, Pune- 413133

NO DUES CERTIFICATE

Date:- / /20

Name of the Student- _____

Mobile No.:- _____ Pass out Year:- _____

Exam Month & Year:- _____ Exam Seat no.:- _____

I, hereby certify that to the best of my knowledge, have no dues towards the Institute, as on the date of my leaving the Institute. In case any due is found at a later date, I hereby give my consent to pay the due to the Institute immediately.

(Student Signature)

Please, intimate Office if anything is dues outstanding against the above student.

Sr. No.	Name of the Department	Dues Outstanding	Signature
1	Library		
2	Scholarship Section		
3	Accounts Section		
4	Exam Section		
5	Store Section		
6	Workshop		
7	Computer Lab		
8	Sports Section		
9	Hostel (If Hostelite)		
10	Mess		
11	Canteen		
12	Any other		

Student Section

Principal

Consent Letter and Bank details

I, the undersigned Mr./Ms. _____

Roll No.:- _____ Year of Passing:- _____

Mobile No:- _____

Email ID:- _____

Address:- _____

I do hereby give my consent to deduct Rs. 1000/- from my Caution Money Deposit and transferred to VPSOA Alumni Association, Baramati as my contribution to this fund.

I also request to transfer balance amount after deducting above contribution, TC Fees and other dues to my Bank Account details as follows.

Place:- _____ (_____)

Date:- / /20

Student's Full Name & Signature

My Bank Account details are as follows.

Beneficiary Name:- _____

A/c No.:- _____

Bank Name:- _____

Branch Name & Address:- _____

IFSC Code:- _____

Sign:- _____