

**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](http://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 Section)

(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	Stores Section		
6	Workshop		
7	Sports Section		
8	Hostel (If Hostelite)		
9	Mess		
10	Canteen		
11	Any other		

Principal