

Approved by Bar Council of India

* Permanent NOC by Government of Rayasthan

· Affiliated to Dr. Bhimreo Ambedyart pw University Joipur

Borivali (West) in 260 001-1 NAAC & PAGHED Valia College of Commerce Matushri Pushpaben Vinubhai Incharge Principal



Ing Principal University of Mumbai Mumbai Maharashtra

Sub - Required Migration and T.C.

Dear Sir/Madam

Mansi Vyas Has Applied for Admission in Three Year's LLB Course in Our College So We Require Migration and T.C. For The Process of Admission in Our College Both Document Are Require For Admission Process

So provide above original document as soon as possible -

Details of student are as follows B.Com Rolling. 1021750 (2012-2015)

Thank you dhare Law College Rajdhani Law Coilege



Incharge Principal



To,

Vishnu Waman Thakur Charitable Trust's

VIVA College of T.aw
VIVA College Road, Virar (W). Tal. Vasai, Dist. Palghar - 401303 (Approved by Bar Council of India, New-Delhi and Affiliated to University of Mumbai)

Application for Transference Certificate

The Principal Matushri push Pa	ben
Vinuthai valia sile	
of cormerce.	- -
Sir/Madam,	
This is to state that I at College of Law", Virar (W) Principal, of the Said College.	n seeking admission in LLB 3 Yrs Course at "VIVA and request you to send my Transference Certificate to the
	PARTICULARS
1. Name of the Student:	kunwar Rajan sanjeet.
2. Class attended :	B. Com
3. Academic Year :	2021-2022.
4. Exam Passes/Failed :	2002 2 Pass.
5. Year of Examination:	2022
6. N.O.C. No. :	
	Yours Faithfully,
	Pigos /
	(Signature of Student)
VIVA	COLLEGE OF LAW, VIRAR (W)
Forwarded with compliments to the	Principal/Head of the Dept.,
	to issue Transference Certificate.
	Jethanit. H.
	Principal VIVA College of Law
Incharge Principal Autushri Pushpahen Vinubhai	TEGOT CONTRACTOR OF CONTRACTOR
Janishri Pushin Cal	15/ 6 0 15/





Ref.

Sanskar Sarjan Education Society's

Dhirajlal Talakchand Sankalchand Shah College of Law

Kurar, Malad (East), Mumbal - 400 097. (M.S.) Tel. Off.: 2840 0214 / 2840 6334 E-mail: admin@sanskarsarjan.org / principal@sanskarsarjan.org / library@sanskarsarjan.org

		Aff	lieted to University of Mambai	
No.:				Du ochula and
				Date: 25 11 2022
	TRAN	NSFER CERTIFIC	CATE APPLICATION	
1		(Fill in BLOCI	(LETTERS)	
From_	JHA	PRACHI	ha	
	Surname	Name	KRISHNAKAN T Father/ Husband Name	
Name	11			Mother
Home Ac	idress:	5, RAMIDEU	ENICLAUE.	
	- KAMI	DEV PARK	MIRA-ROAD , TH	TANE - 40107
Date of B	Birth:17 -01~	2000	Contact No: 8208	790162
,			•	110102
The Princ				
Last Atte	nded College Name:	MATUSHE	RL PUSHPABEN	<u>VINUBH</u> AI VAIIA LOUEG
College A	ddress: Mikis	CHOOL COMP	PLEX FACTORY LA	HUE BORMAN (122)
				MUMIS AI - 4000
Sir/ Mada	•	5.		
Village N	m seeking admissio	n in FYLLB	class of D.T.S.S. Colleg	e of Law, Kurar
nrincipal c	of the said College.	-400097. I request	you to send my Transfer (Certificate to the
		d alas D'u v	1 B 1131 A.	
specified b	pelow:	class, Div_	<u>A</u> , Roll No. <u>214</u> of	your college as
1		From MARCE	1 20 19 to APRIL 20	o d.a
	Second Term:	From Delas K	20 19 to MARCH 20) <u>14</u>
	Third Term :	From DECEMBE	R 2020 to MAY 20) <u>/20</u>) 21
Ιh	ave Passed/ Failed	/ did not appear	at the examination held b	y the College/
Oniversity	of Mumbai in Marc	h/ October 20 <u>20</u>	- 20_ 2	y the conege/
My	particulars are as fo	llows:		
Name of th	e Examination:		Seat No: _	
				W
Month & Y	ear:			
Marks Obta	iined (Total):	Out of:	Class/ Grade Obta	ined; Incharge Principal
			Yours	faithfully Accredited Accredited
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	naching coess of Commerce
DT	TO TOO 22	# A XX2 XZ	Signature	op me Student
Ref. No.:	55 COLLEGE, OF	LAW, Kurar Vills	ige, Malad (£), Mumbai-4	00097
	with compliments to	the Principal of	Da	te:
	eye favour of co			
110.	88 z E	mpliance.		
1/5/5	OXZICI	1/6/	\ <b>`</b> \'\	

Principal

Sanskar Sarjan Education Society's D.T.S.S. College of Law Kurar Village, Malad (East),



#### Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400698

Application for Transference Certificate from the last attended College / University Depar:ment

Frem

College Code: 279

Shri / Smt. /Kum.

WAGHELA

RINKU

PRAVIN

GEETABEN

Residential address of the

(Own Name) (Surname) 101, Rehab Building (SRA) Krishna Colony, Bharwad Chawl ,R.T.Road Dahisar (East), 0, Mumbai, Mumbai

(Father's/Husband's Name)

(Mother's Name)

student:

City, Mumbai, Maharashtra

Pincode: 400068

Contact no. 9029991141

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): MPV VALAIYA COLLEGE OF COMMERCE,

6VG2+W89, M.K.School Complex, Factory Ln, Borivali West, Mumbai, Maharashtra 400092

Sir / Madam.

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

l attended the Bachelor Of Commerce Class (Roll No. 2019016400503177 ) during the First/Second Terms of the Academic year 2019-2020 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in Examination (Seat No. 1096697)

My Date of Birth is 22/12/2000

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:

(bullet

(Student's Signature)

Document printed on Thu Sep 08 2022 09:16:42 GMT+0530 (India Standard Time)

Incharge Principal Matushri Pushpaben Vinubhai Valia College of Commerce NAAC Accredited Borivali (West), Mumbai-400 092.





## UNIVERSITY OF MUMBAI INSTITUTE OF DISTANCE EDUCATION

Dr. Shanker Dayal Sharma Bhavan, Vidyanagari, Santacruz (East), Mumbai - 400 098.

# Application for Transference Certificate from the last attended College / University Department

		College	
From:		` Code :_	
Shri/Smt: Kum. THAKUR	LEELAM	MAIPENDRA	INDRA
(In Block Letters) (Sumame)	(Own Name)	(Father s/Husband & Name)	(INIOUNI DITIONS)
Residential address of the student 30 MA BH	IKA CHAW	L, GANESH C	HOWK
KATUPADA BORTVALTELEI	AST) MUN	NBAI-40006	,6
N N		•	
Pin Code: 400056	Tel. No	8268983905	·
То			
The Principal / Head of the University Dept.	•		
(Full Name and Address of the last attended College	University Dept.)_	MATUSHRIPU	SHPABEN
VINU BHAI VALIA COLLEG	16 OF (.01	MMERCE BOR	IVALI_
NEST MUMBAI - 40009	2		
Through As	stt. Registrar (Adm	<u>,)                                    </u>	
Sir / Madam,			
I am to state that I have taken provisional	admission to the	MCOM Cla	ss in the institute of
Distance Education of the University of Mumbai on	the basis of the No C	Objection Certificate dated _ 1 02구 93)	03-04-2017
issued to me by the College / University Dept.  I attended the Class (Div.	- Roll No.	)がえずから) ろ <del>とかり</del> と)during the First/S	Second Term/s of the
academic year 2.0 1 th at your College	and passed/failed/v	was awarded A. I.K. I. at the	examination neid by
the University Dept. / College in April/October2	Examir	nation (Seat No. 1027	1931
My Date of Birth is 24-08-199)			
paid the T.C. Fee of Rs. 100/- at the Institute of Di	stance Education a	t the time of admission.	
I am to request to sent my Transference C	ertificate directly to	the Director, Institute of D	Distance Education
University of Mumbal, Vidyanagari, Santacres	(East), Mumbal - 4	00 098 at the earliest.	
Thanking you,	2	* 300	
Name .	ed by		durs obediently,
Incharge Principal	" A CATE		1 oclam
Date datushri Pushpaben Vinubhai	e of the Adm.	Clerk)	(Student's Signature
N.B.: 1) This Application for Transferent those students who seek admission	ce Certificate must	be submitted at the admiss asis of N.O.C. from the affili	lon counter by only lated college or the
Department of the University of N	lumbai last attende	d by them.	3
2) The old students of I.D.E. are N	OT required to fill	up this form.	





## Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From:

College Code: 279

Shri / Smt. /Kum. .

PANDEY

PRATIKSHA

VIJAY KUMAR (Father's/Husband's Name) KAVITA

(Mother's Name)

Residential address of the student:

C/O, A/006 CHANDRALOK CHS, JANTA NAGAR ROAD SHIVSENA GALI BHAYANDAR WEST ,  $\,0$ , Thane, Thane, BHAYANDER, Maharashtra

Pincode: 401101

Contact no. 9833127592

To.

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): VALIA COLLAGE BORIVALI,

#### Borivali west

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the BAF Class (Roll No. 823 ) during the First/Second Terms of the Academic year 2021-2022 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2022 Examination (Seat No. 1004120)

## My Date of Birth is 10/12/2001

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:

Commerce

(Student's Signature)

Document printed on Mon Sep 12 2022 14:04:42 GMT+0530 (India Standard Time)





## INSTITUTE OF DISTANCE EDUCATION UNIVERSITY OF MUMBAI

Dr. Shankar Dayal Sharma Bhava, Vidyanagari Campus, Kalina, Santacruz (East), Mumbai – 400 098.

## Application for Transference Certificate from the last attended

College / University Department

			sity Department	$\gamma = T \wedge$
From:	PANDYA	TSHA	JAYESH	RITA
Shri/Smt/Kum		(O. Nama)	(Father's/Husband's Name)	(Mother's Name)
(In Block Letters)	10118	uanstu	Residency, S.T.	Depot road,
Residential Address	s of the student	2 21020110	na School	
Mallaso	para (west), of	p. Nasaga		
			Tel No. 7219	590069
Pin Code40	01203		Tel. No.: 7219	
То			•	
he Principal/Head	of the University Dept.	•	y Dept.) <u>Matushri</u> merce - M.K.hig	Pushpaben
(Full Name and Ad	Idress of the last attended C	College / University	y Dept.)	ah School
				1.1.30.10
Complex	+ actory lane	1 00.		
	Through	Asstt. Registrar (	Adm.) I.D.E.	
Sir/Madam,			the <u>MCom</u> CI f the No Objection Certifica	
		on al admission to	the VICOIII CI	ass in the matter
I am to sta	te that I have taken provisi	hair administration	the No Objection Certification	le dated
Issued to the by u	$\mathcal{N}(\mathcal{O})$	Class (Div	_ Roll No duri	and and ATKT at the
l attended	the	at your College	Roll No) duri ge and Passed/failed/was aw	arded A.T.K.T. at an
Term/s of the acad	demic year 2022	alloge in April/Oc	Roll No during and Passed/failed/was awatober	Examination (Sea
avamination held	ny the Utiliveisity Dept	-	,	
No		c	atle of the above mentioned	Chammadorbor
I am enclo	osing the attested xerox cop	y of the mark-sho	Education at the time to adm	ission.
also paid the TC	Fee of Rs. 100/- at the mist	Itute of Distance		
			AL a manfaccor-cum-l	MITECIOF, INSTITUTE
I am to request t	o send my Transference	Certificate direc	tly to the professor-cum-I Campus, Kalina, Santacro	uz (East), Mumbai
Distance Educat	ion, University Of Mann	oai, Vidyanagari	Campus, Manney	
400 098 at the ea	rliest.		ALEM DE	
A COLLEGE			*	
Thanking you,			E SE	Yours obediently,
		Verified by	用管 E3 E	1.10
%KSDD /	Principal	1		Ward of
	ncharge Principal			110/
SUSSI Matu	shri Pushpaben Vinubhai	A Notal	Tell A	(Student's Signature
Date: Vali	shri Pushpahen Vinuonar a College uf Comme <b>(Signa</b>	ture or the Adm.	ICIN V	`
	N'AAC Accredited			
Rogius	r (West), Mambai-400 092		at he submitted at the admi	ission counter by or
NB: 1. This A	pplication for Transferer	ice Certificate m	ust be submitted at the admi	riand college or th
	. I ale admissio	in to I D.E. on the	basis of N.O.C. from the at	mated conege of th
those s	students who seek admission	Mumbai last atten	ded by them.	
Depart	ment of the University Of	MINIMUM TASE ACCOR		
2. The old	d students of I.D.E. are N	Of required to		





# UNIVERSITY OF MUMBAI INSTITUTE OF DISTANCE EDUCATION

Dr. Shanker Dayal Sharma Bhavan, Vidyanagari, Santacruz (East), Mumbai - 400 098.

# Application for Transference Certificate from the last attended College / University Department

College / University Department
From: College
Shri/Smt. Kum. Mehta Palak Vallhalla Vallhalla
(Suppose)
Residential address of the student 42, Villam 4t, LT 20ad Document (w)
Mumbai- 92 ( Warm the L.) road browniali (w)
Pin Code: 400092
Tel. No
The Principal / Head of the University Dept.
(Full Name and Address of the last attended College (University Park)
Bolivali (W) My makeri 10
(Full Name and Address of the last attended College / University Dept.)  BOLIVALI (W) Mumber - 92.
Through Asstt. Registrar (Adm.) I.D.E.
Sir / Madam,
I am to state that I have taken provisional admission to the
lattended the TYRVAS -
academic year class (Div Roll No) during the First/Second Term/s of the the University Dept. / College in April/October Examination (Seat No 270 @ 1.40%)
the University Dept. / College in April/October Examination (Seat No. 3208408)  My Date of Birth is 13 9 9 6
1011111
I am enclosing the attested xerox copy of the mark-sheet/s of the above mentioned examination/s. I have also paid the T.C. Fee of Rs. 100/- at the Institute of Distance Education at the time of admission.
I am to request to sent my Transference Courts
TOU USE ATTION
manking you,
Yours obediently,
Matushri Pushoshon Vinuona
e of the Adm. Clerk (Student's Signature)
those students who seek admission to I.D.E. on the basis of N.O.C. from the affiliated college or the
2) The old students of I.D.E. are NOT required to fill up this form.

### Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (cast), Mumbai-406098

Application for Transference Certificate from the last attended College / University Department

From

student:

MISHRA

REEMA

RAMKUMAR

INDU

(Father's/Husband's Name) (Own Name)

(Mother's Name)

College Code: 279

Residential address of the

Shri / Smt. /Kum.

C/213, JYOTI DHAM BLG CABIN ROAD BHAYANDER (EAST), 0, Thane, Thane, MUMBAI,

Maharashtra

Pincode: 401105

Contact no. 7738122505

To.

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): THE BORIVLI EDUCATION SOCIETY'S MATUSHRI PUSHPABEN VINUBHAI VALIA COLLEGE OF COM,

M.K. High school complex, factory lane, Borivli (west)

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the BACHELOR OF COMMERCE Class (Roll No. 2017016400505611 ) during the First/Second Terms of the Academic year 2019-2020 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in October 2020

Examination (Seat No. 1153379) My Date of Birth is 24/03/1999

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Borivali (

(Student's Signature)

Document printed on Mon Jul 18 2022 18:05:46 GMT+0530 (India Standard Time)

#### Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From

Shri / Smt. /Kum.

PATEL (Sumame) MIHIR

HARESH

(Father's/Husband's Name)

ILA

(Mother's Name)

College Code: 279

Residential address of the student:

(Own Name) SANT NAMIARI CHAWL GANESH WADI DATTAPADA CROOS ROAD NO 2, 0, Boriwali, Mumbai

Suburban, MUMBAI, Maharashtra

Pincode: 400066 Contact no. 7977940148

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): MPV VALIA COLLEGE,

6VG2+W89, M.K.School Complex, Factory Ln, Borivali West, Mumbai, Maharashtra 400092

Sir / Madam,

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the BCOM Class (Roll No. 2016016401548772 ) during the First/Second Terms of the Academic year 2019-2020 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in October 2020 Examination (Seat No. 1025214)

My Date of Birth is 29/06/1998

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

l am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.

phan

Thanking You,

Verified by

Yours obediently

(Student's Signature)

Date

Document printed on Thu Jul 21 2022 20:58:24 GMT+0530 (India Standard Time)



Incharge Principal Matushri Pushpaben Vinubhai Valia College of Commerce NAAC Accredited Borivali (West), Mumbai-400 092



## Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From:

Shri / Smt. /Kum. .

SHUKLA.

**PRACHI** RAVI College Code: 279

(Surname)

(Own Name) (Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

D/216 Sheetalnagar 2, Agashi Road, Virar West, 0, Vasai, Palghar, Virar, Maharashtra Pincode: 401303

Contact no. 9920272756

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): MATUSHRI PUSHPABEN VINUBHAI VALIA COLLEGE .

M.k school complex, factory lane, borivali west, mumbai 400092

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

Lattended the Bcom Class (Roll No. 2018016401759492) during the First/Second Terms of the Academic year 2018-2019 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in May 2021 Examination (Seat No. 2133540)

My Date of Birth is 04/05/2001

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Incherge Principal Matushri Pushpaben Vinubhai Valia Colleg: of Commerce NAAC Accredited

(Student's Signature)

NAAC Accredited NAAC Accredited NAAC Accredited NAAC Accredited (West). Mumbai-400 092

#### Institute of Distance and Open Learning



Dr. Shankar Daval Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From

College Code: 279

Shri / Smt. /Kum.

SOLANKI

HITEN

RAGHAV

KALI

Residential address of the

(Sumame)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

student

111 Sai Siddhivinayak Building No.2 Mg Road No.9 Sukarwadi Borivali East, 0, Boriwali, Mumbai Suburban. Mumbai, Maharashtra

٧

Pincode: 400066

Contact no. 8108931108

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): M K COLLEGE,

#### Factory Lane Borivali West Mumbai -400092

Sir / Madam,

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the Bachelors In Commerce Class (Roll No. 2016016401553185 ) during the First/Second Terms of the Academic year 2014-2015 1 your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in October 2019 Examination (Seat No. 3124031)

#### My Date of Birth is 07/12/1998

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

(Student's Signature)

Date

Incharge Principal

Matushii Pushpaben Vinubhai Document printed on Tue Aug 30 2022 14:21:32 GMT+0530 (India Standard Time) Valia College of Commerce

NAAC Accredited

Borivali (West), Mumbai-400 092.





### Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400008

Application for Transference Certificate from the last attended College / University Department

From

College Code: 279

Shri / Smt. /Kum.

KOTHARI (Surname)

ASHVI SHAILESH MANISHA

Residential address of the student

(Own Name) (Father's/Husband's Name) (Mother's Name)

308, Nutan Sona 3 Devchand Nagar Road . 0, Thane, Thane, Mumbai, Maharashtra

Pincode: 401101

Contact no. 9082391837



The principal / head of the University Dept

(Full Name and Address of the last attended College | University Dept.): MATUSHREE PUSHPABEN VALIA COLLEGE OF COMMERCE, 6VG2+W89 M.K.School Complex, Factory Ln, Borivali West, Mumbai

Sir / Madam.

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated. Issued to me by the College / University Dept.

I attended the B.Com Class (Roll No. 2019016400505555 ) during the First/Second Terms of the Academic year 2021-2022 at your College and (passed failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2022 Examination (Seat No. 1096559)

#### My Date of Birth is 05/10/2001

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

(Student's

Signature)

Date:



MINOUS

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Incharge P. incipal

Matuslici North Sen Vinubhai Valia College of Commerce Borivali (West), Mumbai-400 092.



### Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From

Shri / Smt. /Kum.

WAGHELA (Surname)

**MANISHA** 

RAKESH

REKHA

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the 612, Daulat Nagar Opp. Naheru Nagar S.V. Road, Nagrik Seva Sangh Chawl Borivali, 0, Boriwali, Mumbai

College Code: 279

Suburban, Mumbai, Maharashtra Pincode: 400066

Contact no. 8828382886

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): MATUSHRI PUSHPABEN VINUBHAI VALIA COLLEGE OF COMMERCE,

M. K HIGH SCHOOL COMPLEX, FACTORY LANE, BORIVALI WEST

Sir / Madam,

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the B. Com Class (Roll No. 2019016400504374 ) during the First/Second Terms of the Academic year 2021-2022 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2022 Examination (Seat No. 1096694)

My Date of Birth is 17/02/2002

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:

Incharge Principal Matushri Pushpaben Vinubhai Valia College of Commerce NAME TO

Borivali (W...').

(Student's Signature)

Document printed on Tue Jul 26 2022 19:47:54 GMT+0530 (India Standard Time)



#### Institute of Distance and Open Learning

Dr. Shankar Daval Sharma Bhayan.

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From

College Code: 279

Shri / Smt. /Kum. .

of the student:

SURVE (Surname) SIDDHI (Own Name) SUNIL

(Father's/Husband's Name)

(Mother's Name)

SUCHITA

Residential address

ROOM 11 LALITA DEVI MEGHNATH PANDEYCHAWL CHAWL NO 2 S N DUBE ROAD RAWAL PADA DAHISAR EAST, 0, Boriwali, Mumbai Suburban, MUMBAI, Maharashtra

Pincode: 400068

Contact no. 8652169505

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): MATUSHRI PUSHPABEN VINUBHAI VALIA COLLEGE OF COMMERCE,

M.K High School Compound, Factory Ln, Gautam Nagar, Borivali, Mumbai, Maharashtra 400092 Sir / Madam,

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

lattended the Bachelor Of Commerce Class (Roll No. 2014016401939164 ) during the First/Second Terms of the Academic year 2016-2017 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2017 Examination (Seat No. 6254900)

#### My Date of Birth is 23/05/1997

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

lam to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

C.S. Surve (Student's Signature)

Date

Incharge Principal Matushri Pushpaben Vinubhai Valin College of Commerce

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## UNIVERSITY OF MUMBAI Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan, Vidyanagari, Santacruz (east), Mumbai-400098 Application for Transference Certificate from the last attended College / University Department

From:

Shri / Smt. / Kum. .

GADWAL

AAFYA

ISHAOUE

SHAKEELA

(Sumame)

Residential address of the student:

(Own Name) (Father's/Husband's Name)

(Mother's Name)

College Code: 279

ROOM NO 2 MANIBHAI TOWER BHADF `N NAGAR ROAD NO 2 Malad , 0, Mumbai, Mumbai

City, Mumbai, Maharashtra

Pincode: 400064

Contact no. 8268949687

To,

ΙΟ,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): MATUSRI PUSHPABEN VALIA COLLEGE OF COMMERCE,

G2+W89, M.K.School Complex, Factory Ln, Borivali West, Mumbai, Maharashtra 400092

Sir / Madam,

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the Bachelors OF COMMERCE Class (Roll No. 2019016400503026 ) during the First/Second Terms of the Academic year 2021-2022 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2022 Examination (Seat No. 1096518 )

My Date of Birth is 06/07/2002

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



CYMAN:

Incherg Cacipal
Matushri Pe Traban Vinnbhai
Vulia Collega of Commerce

(Student's Signature)

Document printed on Sat Jul 30 2022 14:54:03 GMT Husson (India Standard Time) 092

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#### Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan.

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

College Code: 279

Shri / Smt. /Kum.

**JADHAV** 

YOGESH (Own Name)

TUKARAM (Father's/Husband's Name) **CHHAYA** 

(Mother's Name)

Residential address of the student

(Surname) C/304, SADASATYA APARTMENT, TEMBA ROAD, NEAR MAXUS MALL BHAYANDAR, THANE, 0, Thane,

Thane, BHAYANDER WEST, Maharashtra

Pincode: 401101

Contact no. 7977869471

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): MATUSHRI PUSHPABEN VINUBHAI VALIA COLLEGE OF COMMERCE,

#### JAMBHALI GALI, BORIVALI WEST

Sir / Madam,

I am to state that I have taken provisional admission to the M.Com. Part I class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

l attended the B.COM Class (Ro!l No. 464) during the First/Second Terms of the Academic year 2015-2016 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in June 2016 Examination (Seat No. 1247009) My Date of Birth is 12/06/1995

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

20/08/2022

Incharge Principal Matushri Pushpaben Vinubhai Valia College of Commerce NAAC Accredited

Borivali (West). Muribai-400 092.

(Student's Signature)



#### Instituté of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From

Coliege Code . 279

Shri / Smt. /Kum. .

**GALA** 

**JAHANVI** 

HARESH

DINA

(Surname)

Pincode: 400066

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the

A/10, GODAVARI CHS KASTURBA ROAD NO 1, BORIVALI EAST, 0, Boriwali, Mumbai Suburban,

student:

MUMBAI, Maharashtra

Contact no. 7977967229

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): MATUSHRI PUSHPABEN VINUBHAI VALIA COLLEGE OF COMMERCE,

SHETH M.K HIGH SCHOOL COMPLEX, FACTORY LANE, BORIVALI EAST, MUMBAI-400092

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the BACHELORS OF COMMERCE Class (Roll No. 1245038 ) during the First/Second Terms of the Academic year 2014-2015 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2016 Examination (Seat No. 1245038)

My Date of Birth is 15/09/1994

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date

Meron

Incharge Principal Matushri Pushpahen Vinubhai (Student's Signature)

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#### Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (easi), Mumbal-400098

Application for Transference Certificate from the last attended College / University Department

From

student:

College Code: 279

Shri / Smt. /Kum.

SHAH

BEENEE

MAYUR

(Father's/Husband's Name)

**JAGRUTI** (Mother's Name)

Residential address of the

(Surname) (Own Name) 1/A-203, VINAY VIHAR CHS, SHIV STHAN COM BOLINJ, AGASHI ROAD VIRAR WEST, 0, Vasai,

Palghar, VIRAR, Maharashtra

Pincode: 401303

Contact no. 8793610306

To.

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): M.P.V.V. COLLEGE OF COMMERCE,

#### Borivali west

Sir / Madam.

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the Bcom Class (Roll No. 2014016401939694 ) during the First/Second Terms of the Academic year 2016-2017 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2017 Examination (Seat No. AZ54754)

#### My Date of Birth is 30/10/1996

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

(Student's Signature)

Date:

win

Inche to Prince Matushri Punt panta a a a ana Valia College of College.

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#### Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From

College Code: 279

Shri / Smt. /Kum.

SHAH (Surname)

RHAVYA (Own Name) PARESH

(Father's/Husband's Name)

DIVYA

(Mother's Name)

Residential address of the

A/203 Sankalp Vighneshwar Pushpa Park, Road No.2 Malad (East), 0, Boriwali, Mumbai Suburban, Malad, Maharashtra

Pincode: 400097 Contact no. 9653137604

To

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): MATUSHRI PUSHPABEN VINUBHAI VALIA COLLEGE OF COMMERCE.

M.K.School Complex, Factory Ln, Borivali West, Mumbai, Maharashtra 400092

Sir / Madam.

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

Lattended the T.Y Bcom Class (Roll No. 2018016402448297 ) during the First/Second Terms of the Academic year 2020-2021 at your College and (passed/failed/was awarded A.T.K.1.) at the examination held by the University Dept. / College in May 2021 Examination (Seat No. 2133507)

My Date of Birth is 19/06/2000

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination's.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

B.P. Shoh

(Student's

Signature)

Date

Incharge Principal · Caushri Pushpaben Vinubhai NAAC Accredited

Botivali (West). Mambai-400 092



#### Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan.

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From

College Code 279

Shri / Smt. /Kum

VEKARIYA

DEEP

BHARATBHAI

SANGEETA (Mother's Name)

Residential address of the

(Father's/Husband's Name) (Own Name) 6/33 Shramik Society MHB Colony Near Svp School And Duby Road Dahisar Ea , 0, Borivali, Mumbai

Suburban, Mumbai, Maharashtra

Pincode: 400068

Contact no. 9819286927

To.

0

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): MATUSHRI PUSHPABEN VINUBHAI VALIA COLLAGE OF COMMERCE,

M.K High School Compound, Factory Ln, Gautam Nagar, Borivali, Mumbai, Maharashtra 400092

Sir / Madam.

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the Bachelors In Commerce Class (Roll No. 2019016400505087 ) during the First/Second Terms of the Academic year 2021-2022 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2022 Examination (Seat No. 1096684)

My Date of Birth is 03/10/2001

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

(Student's

Signature)

Date

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#### Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-40009?

Application for Transference Certificate from the last attended College / University Department

From

Shri / Smt. /Kum. .

SHAH

**APURVA** (Own Name) DINESHBHAI

College Code: 279

Residential address of the

(Surname)

(Father's/Husband's Name)

HEMLATABEN (Mother's Name)

703, SONAM APARTMENT, LINK ROAD, KANDERPADA, DAHISAR WEST, 0, Boriwali, Mumbai Suburban, MUMBAI, Maharashtra

student

Pincode: 400068

Contact no. 9819832298

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.) BORIVALIEDUCATION SOCIETY,

6VG2+HQ6, M K High School Complex, Factory Ln, Mumbai, Maharashtra 400091

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.

I attended the B.COM. Class (Roll No. 18077 ) during the First/Second Terms of the Academic year 2000-2001 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2001 Examination (Seat No. 18077)

My Date of Birth is 09/09/1979

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.

I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date

Incharge Principal

(Student's Signature)

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8/2/22, 7:15 AM

### UNIVERSITY OF MUMBAI

## Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From:

College Code: 279

Shri / Smt. /Kum.

SHARMA

PRIYANKA

RAMCHANDRA

GAUDADEVI

(Mother's Name)

Residential address of the

(Own Name) Jai Maa Sherawali Society Shanti Nagar, S.V. Road Dahisar (E). 0, Mumbai, Mumbai City, Mumbai,

(Father's/Husband's Name)

student:

Maharashtra Pincode: 400068

Contact no. 9819635372

To.

The principal / head of the University Dept

(Full Name and Address of the last attended College). University Dept.): MATUSHRI PUSHPABEN VINUBHAI VAILA COLLEEGE OF COMMERCE,

m.k high school complex factory lane borivali west

I am to state that I have taken provisional admission to the M.Com. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated. Issued to me by the Cellege. University Dept.

Lattended the BACHELORS OF COMMERCE Class (Roll No. 2017016400740621 ) during the First Second Terms of the Academic year 2018-2019 at your College and (passed failed was awarded A.T.K.T.) at the examination held by the University Dept. / College in September 2020 Examination (Seat No. 1189092)

My Date of Birth is 08/05/1996

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination s.

Lam to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You.

Verified by

Yours obediently

Date

heren.

Inch Matushri Pushpaben Vinubhai Valia College of Commerce NAAL Accredited ·-31-400 092. Signature)