



RAJDHANI LAW COLLEGE

Approved by Bar Council of India
Permanent NOC by Government of Rajasthan
Affiliated to Dr. Bhimrao Ambedkar Law University Jaipur

01

Incharge Principal
Matushri Pushpaben Vinuthai
Valia College of Commerce
NAAC Accredited
Borivadi (West) Mumbai-400 092



To,

The 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 LL.B 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 Roll no. 1021750 (2012-2015)

Thank you
Rajdhani Law College
Jaipur
Rajdhani Law College



Incharge Principal
Matushri Pushpaben Vinuthai
Valia College of Commerce

D-74, GHIYA MARG, BANIPARK, JAIPUR-302016 (Raj.)
E-mail: rajdhanilawcollegejpr@gmail.com
Cell: 94135-32433, 94143-22743
Web: www.rajdhanilawcollege.com



2

Vishnu Waman Thakur Charitable Trust's
VIVA College of Law
VIVA College new bldg., 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

To,
The Principal
Matushri pushaben
Vinubhai Valia college
of commerce.

Sir/Madam,

This is to state that I am seeking admission in LLB 3 yrs Course at "VIVA College of Law", Virar (W) and request you to send my Transference Certificate to the Principal, of the Said College.

PARTICULARS

1. Name of the Student : Kunwar Rajan sanjeet.
2. Class attended : B.Com.
3. Academic Year : 2021-2022.
4. Exam Passes/Failed : 2022 pass.
5. Year of Examination : 2022.
6. N.O.C. No. : _____

Yours Faithfully,

Rajan
(Signature of Student)

VIVA COLLEGE OF LAW, VIRAR (W)

Forwarded with compliments to the Principal/Head of the Dept., _____
_____ to issue Transference Certificate.

Jethani T. H.

Principal
VIVA College of Law

Incharge Principal
Matushri Pushaben Vinubhai
Valia College of Commerce
NAAC Accredited
Borivli (W.) 400 092.





03

Sanskar Sarjan Education Society's
Dhirajlal Talakchand Sankalchand Shah College of Law

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

Ref. No.: _____

Date: 25/11/2022

TRANSFER CERTIFICATE APPLICATION
(Fill in BLOCK LETTERS)

From JHA PRACHI KRISHNAKANT SIMA
Surname Name Father/Husband Name Mother

Home Address: A-305, RAMDEV ENCLAVE
RAMDEV PARK, MIRA-ROAD, THANE-401017

Date of Birth: 17-01-2000 Contact No: 8208790162

To,
The Principal,

Last Attended College Name: MATUSHRI PUSHPABEN VINUBHAI DAIIA COLLEGE

College Address: M.K. SCHOOL COMPLEX, FACTORY LANE, BORIVALI (W)
MUMBAI - 400094

Sir/ Madam,

I am seeking admission in FY LLB class of D.T.S.S. College of Law, Kurar Village, Malad (E), Mumbai-400097. I request you to send my Transfer Certificate to the principal of the said College.

I attended BCOM class, Div A, Roll No. 214 of your college as specified below:

First Term : From MARCH 2019 to APRIL 2019

Second Term : From OCTOBER 2019 to MARCH 2020

Third Term : From DECEMBER 2020 to MAY 2021

I have Passed/ Failed/ did not appear at the examination held by the College/ University of Mumbai in March/ October 20 20 - 20 21

My particulars are as follows:

Name of the Examination: _____ Seat No: _____

Month & Year: _____

Marks Obtained (Total): _____ Out of: _____ Class/ Grade Obtained: _____

Incharge Principal
Matushri Pushpaben Vinubhai
College of Commerce
Borivali (West), Mumbai-400 097

Signature of the Student

DTSS COLLEGE OF LAW, Kurar Village, Malad (E), Mumbai-400097

Ref. No.: _____

Date: _____

Forwarded with compliments to the Principal of _____

_____ College for favour of compliance.



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

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. : WAGHELA RINKU PRAVIN GEETABEN
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: 101, Rehab Building (SRA) Krishna Colony, Bharwad Chawl, R.T. Road Dahisar (East), 0, Mumbai, Mumbai
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.

I 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:



[Handwritten signature]

[Handwritten signature]

(Student's
Signature)

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



Incharge Principal
Matushri Puspaben 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

From :

College

Code : _____

Shri / Smt. Kum. _____

(In Block Letters)

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the student

THAKUR LEELAM MAHENDRA INDRA
SOMA BHAIKA CHAWL, GANESH CHOWK
KATUPADA BORIVALI (EAST) MUMBAI - 400066

Pin Code :

400066

Tel. No.

8268983905

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 BORIVALI
WEST MUMBAI - 400092

Through Asstt. Registrar (Adm.) I.D.E.

Sir / Madam,

I am to state that I have taken provisional admission to the MCOM Class in the institute of Distance Education of the University of Mumbai on the basis of the No Objection Certificate dated 03-07-2017 issued to me by the College / University Dept.

I attended the MCOM Class (Div. --- Roll No. 32692) during the First/Second Term/s of the academic year 2015 at your College and passed/failed/was awarded A.T.K.T. at the examination held by the University Dept. / College in April/October 2015 Examination (Seat No. 1027935)

My Date of Birth is 24-08-1995

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 Certificate directly to the Director, Institute of Distance Education, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking you,

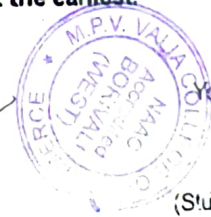
Incharge Principal

Date Matushri Pushpaben Vinubhai



Valued by

(Signature of the Adm. Clerk)



Yours obediently,

(Student's Signature)

- N.B.: 1) This Application for Transference Certificate must be submitted at the admission counter by only those students who seek admission to I.D.E. on the basis of N.O.C. from the affiliated college or the Department of the University of Mumbai last attended by them.
- 2) The old students of I.D.E. are NOT required to fill up this form.

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

College Code : 279

From :

Shri / Smt. /Kum. .

PANDEY
(Surname)

PRATI KSHA
(Own Name)

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

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 **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:



[Handwritten signature]

Incharge Principal
Matushri Pushkaben Vinubhai
Valia Collage Commerce
Borivali (West) Mumbai - 400 092.

[Handwritten signature]

(Student's
Signature)



(7)

**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**

From : Shri/Smt/Kum. PANDYA ISHA JAYESH RITA
(In Block Letters) (Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)

Residential Address of the student 401/B, Vaastu Residency, S.T. Depot road,
Nallasopara (West), opp. Narayana School.

Pin Code 401203 Tel. No.: 7219590069

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)

Through Asstt. Registrar (Adm.) I.D.E.

Sir/Madam,


I am to state that I have taken provisional admission to the Mcom Class in the institute of Distance Education 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 Mcom Class (Div. _____ Roll No. _____) during the First/Second Term/s of the academic year 2022 at your College and Passed/failed/was awarded A.T.K.T. at the examination held by the University Dept./ College in April/October _____ Examination (Seat No. _____)

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 to admission.

I am to request to send my Transference Certificate directly to the professor-cum-Director, Institute of Distance Education, University Of Mumbai, Vidyanagari Campus, Kalina, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking you,


Incharge Principal
Matushri Pushpaben Vinubhai
Valia College of Commerce
NAAC Accredited

Date :

Verified by

(Signature of the Adm. Clerk)

Yours obediently,

Pandya
(Student's Signature)

- NB: 1. This Application for Transference Certificate must be submitted at the admission counter by only those students who seek admission to I.D.E. on the basis of N.O.C. from the affiliated college or the Department of the University Of Mumbai last attended by them.
2. The old students of I.D.E. are NOT required to fill up this form.



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

From : Shri / Smt. Kum. Mehra Palak Kalpesh Heena
(In Block Letters) (Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student 42, Vikram Apt, L.T. road Borivali (W)
Mumbai - 92
Pin Code : 400092 Tel. No. _____
To _____
The Principal / Head of the University Dept.
(Full Name and Address of the last attended College / University Dept.) Mk College
Borivali (W), Mumbai - 92.

Through Asstt. Registrar (Adm.) I.D.E.

Sir / Madam,

I am to state that I have taken provisional admission to the M:COM Class in the institute of Distance Education 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 TYBMS Class (Div. _____ Roll No. _____) during the First/Second Term/s of the academic year 2018 at your College and passed/failed/was awarded A.T.K.T. at the examination held by the University Dept. / College in April/October _____ Examination (Seat No. 3208408)

My Date of Birth is 13/9/96

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 Certificate directly to the Director, Institute of Distance Education, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

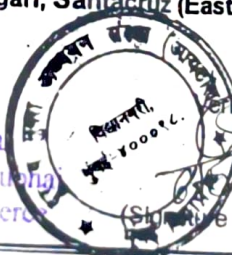
Thanking you,

Incharge Principal

Matushri Pooja Venkatesh

Date: Valia College of Commerce

NAAC Accredited



Verified by

(Signature of the Adm. Clerk)



Yours obediently,

(Student's Signature)

- N.B.:** 1) This Application for Transference Certificate must be submitted at the admission counter by only those students who seek admission to I.D.E. on the basis of N.O.C. from the affiliated college or the Department of the University of Mumbai last attended by them.
- 2) The old students of I.D.E. are NOT required to fill up this form.

9

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-406098

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

College Code : 279

From :	MISHRA	REEMA	RAMKUMAR	INDU
Shri / Smt. / Kum. :	(Surname)	(Own Name)	(Father's/Husband's Name)	(Mother's Name)
Residential address of the student:	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 PUSHAPABEN VINUBHAI VALIA COLLEGE OF COM , M.K. High school complex, factory lane, Borivli (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 **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



Incharge Principal
 Matushri Pushapaben Vinubhai
 Valia College of Commerce
 NAAC Accredited
 Borivli (West) Mumbai-400 098



[Handwritten Signature]

[Handwritten Signature]

(Student's Signature)

10

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. .

PATEL**MIHIR****HARESH**

ILA

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

SANT NAGARI CHAWL GANESH WADI DATTAPADA CROOS ROAD NO 2 , 0, Borivali, 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 **B COM** 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 (Sent 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.

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:



(Signature)

M. H. Patel
 (Student's Signature)

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



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

11

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. .

College Code : 279

Residential address of the student:

SHUKLA

(Surname)

PRACHI

(Own Name)

RAVI

(Father's/Husband's Name)

PRIYA

(Mother's Name)

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

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. 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



Date:



(Signature)

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

(Signature)

(Student's Signature)

(12)

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. : **SOLANKI** **HITEN** **RAGHAV** **KALI**
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: **111 Sai Siddhivinayak Building No.2 Mg Road No.9 Sukarwadi Borivali East , 0, Borivali, Mumbai Suburban, Mumbai, Maharashtra**
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** at 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

Date:



(Handwritten Signature)

(Student's
Signature)

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



13

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. . **KOTHARI** **ASHVI** **SHAILESH** **MANISHA**
 (Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
 Residential address of the student: **308, Nutan Sona 3 Devchand Nagar Road , 0, Thane, Thane, Mumbai, Maharashtra**
 Pincode: **401101** Contact no. **9082391837**

To,
 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

Date:



(Signature)

Ashvi
 (Student's Signature)

Document printed on Wed Jul 20 2022 22:26:45 GMT+0530 (India Standard Time)



Incharge Principal
Matushree Puspha Ben Vinubhai
Valia College of Commerce
NAAC Accredited
Borivali (West), Mumbai-400 092.

(14)

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. .

WAGHELA

(Surname)

MANISHA

(Own Name)

RAKESH

(Father's/Husband's Name)

REKHA

(Mother's Name)

College Code : 279

Residential address of the student:

612, Daulat Nagar Opp. Naheru Nagar S.V. Road, Nagrik Seva Sangh Chawl Borivali, 0, Borivali, Mumbai

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:



(Handwritten signature)

Incharge Principal
Matushri Pushpaben Vinubhai
Valia College of Commerce
NAAC Accredited
Borivali (West)

(Student's Signature)

UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanageri, Santacruz (east), Mumbai-400098

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

From : College Code : 279

Shri / Smt. / Kum. : SURVE SIDDHI SUNIL SUCHITA

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

Residential address of the student: ROOM 11 LALITA DEVI MEGHNATH PANDEYCHAWL CHAWL NO 2 S N DUBE ROAD RAWAL PADA DAHISAR EAST, 0, Borivali, 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.I attended 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.

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

Thanking You,

Verified by

Yours obediently

Date:



(Signature)

S.S. Surve

(Student's Signature)

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

<https://dolodigitaluniversity.ac/ApplicationStatus/PrintApplication>

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. .

GADWAL

AAFYA

ISHAQUE

SHAKEELA

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

ROOM NO 2 MANIBHAI TOWER BHADRA NAGAR ROAD NO 2 Malad , 0, Mumbai, Mumbai City, Mumbai, Maharashtra

Pincode: 400064 Contact no. 8268949687

To,

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:



(Signature)

Incharge Principal
Matusri Pushpaben Vinubhai
Valia College of Commerce
Borivali (West), Mumbai-400092

(Student's
Signature)

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152

12/4/21, 6:23 PM

17

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 .
Residential address of the student.

JADHAV
(Surname)
C/304, SADASATYA APARTMENT, TEMBA ROAD, NEAR MAXUS MALL BHAYANDAR, THANE , 0, Thane,
Pincode: 401101

YOGESH
(Own Name)
Contact no. 7977869471

TUKARAM
(Father's/Husband's Name)

CHHAYA
(Mother's Name)

College Code : 279

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): MATUSHRI PUSHABEN 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.

I attended the **B.COM** Class (Ro/I 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



Date

20/08/2022

[Signature]

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

[Signature]
20/8/2022
(Student's Signature)

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

18

From :

College Code 279

Shri / Smt. / Kum. .

GALA

JAHANVI

HARESH

DINA

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

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

Pincode: 400066

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

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. 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:



Maham

[Signature]

Incharge Principal
Matushri Pushpaben Vinubhai
Valia College of Commerce
NAAC Accredited
Boriwali (West), Mumbai-400092

(Student's Signature)

19

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.

SHAH

BEENEER

MAYUR

JAGRUTI

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

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. / Collège 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

Date:



(Signature)

(Signature)

(Student's Signature)

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

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
 Vidyanageri, Santacruz (east), Mumbai-400098

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

From :

College Code : 279

Shri / Smt. Kum. .

SHAH**BHAVYA****PARESH****DIVYA**

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

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.

I attended 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.T.) 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, Vidyanageri, Santacruz (East), Mumbai – 400 098** at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Signature)

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

B.P. Shah

(Student's Signature)



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.

VEKARIYA

DEEP

BHARATBHAI

SANGEETA

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

6/33 Shramik Society MHB Colony Near Svp School And Daby Road Dahisar Ea , 0, Borivali, Mumbai

Pincode: 400068

Contact no. 9819286927

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.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

Date



(Signature)

(Signature)
Principal
Matu Shri P. Shubhai Vinubhai
Valia College of Commerce
NAAC Accredited
Borivali (West), Mumbai-400 092.

(Signature)
(Student's Signature)

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(22)

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari, Santacruz (east), Mumbai-400096

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

From :	SHAH	APURVA	DINESHBHAI	College Code : 279
Shri / Smt. / Kum. .	(Surname)	(Own Name)	(Father's/Husband's Name)	HEMLATABEN
Residential address of the student:	(Mother's Name)			
	703, SONAM APARTMENT, LINK ROAD, KANDERPADA, DAHISAR WEST, 0, Boriwali, Mumbai			
	Suburban, MUMBAI, Maharashtra			
	Pincode: 400068		Contact no. 9819832298	

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): **BORIVALI EDUCATION SOCIETY ,
6VG2+HQ6, M K High School Complex, Factory Ln, Mumbai, Maharashtra 400091**

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. **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:



(Signature)

(Signature)
Incharge Principal
Matushri P. Anand Vinobhai
Valia College

(Student's Signature)



8/2/22, 7 15 AM

23

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

College Code : 279

From :
Shri / Smt. / Kum. : SHARMA PRIYANKA RAMCHANDRA GAUDADEVI
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: Jai Maa Sherawali Society Shanti Nagar, S.V. Road Dahisar (E) - 0, Mumbai, Mumbai City, Mumbai, 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 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 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.

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:



Maham

Inchance
Matushri Pusphaben Vinubhai
Valia College of Commerce
NAAC Accredited
Mumbai-400 092.

Rdhome
(Student's Signature)