UNIVERSITY OF MUMBAI Institute of Distance and Open Learning

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

From:

Shri/Smt./Kum.

Residential address of

(Surname)

College Code: 279

(Mother's Name)

Plot No. 448 Navjeenan CHS Room No. B7 Sector 4 Charkop Kandivali West, 0, Andheri, Dincola Suburban, Mumbai Mahanashtra Contact no. 9967927355

To,

The principal / head of the University Dept

(Full Name and Address of the University Dept
COLLEGE OF COMMERCE,

Matushri Pushpasen Vinushai Valiya

Matushri Pushpasen Vinushai Valiya

Matushri Pushpaben Vinubhai Valia College Of Commerce, M.K.School Complex, Factory Ln, Borivali West, Mumbai,

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

I attended the Rachalor Of Court of the No Objection Certificate dated Issued to me by the First/Second Terms of the I attended the Bachelor Of Commerce Class (Roll No. 2017016400506177) during the First/Second Terms of the Academic year 2019-2020 at your College and (Roll No. 2017016400506177) at the examination held by 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 Ostobor 2020. University Dept. / College in October 2020 Examination (Seat No. 1110727)

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. University of Mumbai, Vidyanagari, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Student's Signature)

Document printed on Sun Jul 30 2023 10:56:08 GMT+0530 (India Standard Time)

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about:blank

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. .

CHAUHAN

SMITH

MUKESII

College Code: 279

Residential address of the student:

(Surname)

(Own Name)

B/39, 3RD FLOOR, 301, VITHAL DARSHAN Shakti NAGAR C.S.ROAD NO 4, DAHISAR EAST Lalpur, 0,

Contact no. 9029960128

To,

The principal / head of the University Dept

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

Factory Ln, Gautam Nagar, Borivali, Mumbai, Maharashtra 400092

Sir / Madam,

I am to state that I have taken provisional admission to the PGDFM 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 IN ACCOUNTING AND FINANCES Class (Roll No. 803) 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 November 2019 Examination (Scat No. 3166293)

My Date of Birth is 17/11/1999

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

Date:

(Student's Signature)

Document printed on Mon Jul 31 2023 14:37:09 GMT+0530 (India Standard Time)

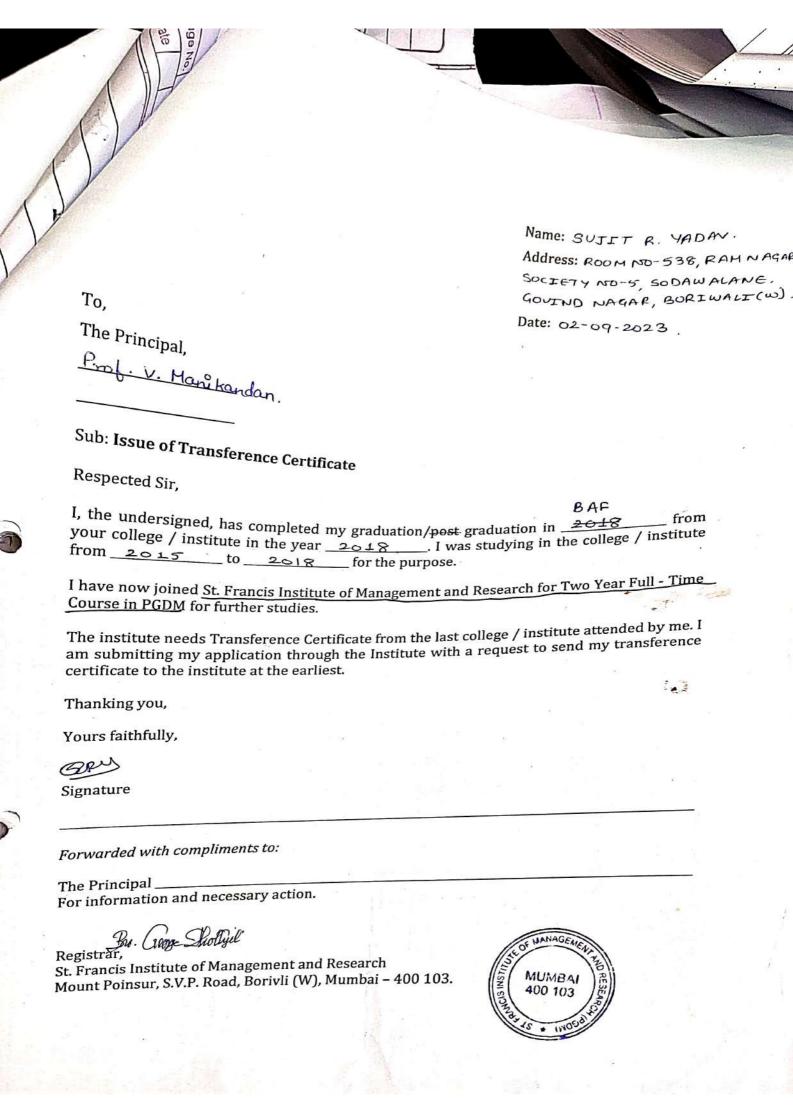


UNIVERSITY OF MUMBAI INSTITUTE OF DISTANCE EDUCATION

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

Application for Transference Certific

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The Principal / Head of the U	Iniversity Dept.		MATUSHA	11.	
The Principal / Head of the U Fuli Name and Address of the VINUBHAL V	a last attended Coll	ege / University Dept.)	11. CF		
Full Name and Address of th	e last attendoc o	ECT OF COMM	ERCE		
VINUBHAL V	ALJA COLL	15010 0			
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and to see the U	niversity of Mumba	I OU THE Pro-	2 2 4	using the First	Second Term/s of the examination held by
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academic year 2014-1 the University Dept. / Colleg	e in April/October_	2019	04		/- thave also
the order	19/10/1994		Lavio m	entioned exam	nination/s. I have also Distance Education,
My Date of Bitting	Hasted verox COPY	of the mark-sheet/s o	of the time of	admission.	
I am enclosing the	of at the Institute C	f Distance Education	at the time -	e Institute of	Distance Education,
My Date of Birth is I am enclosing the paid the T.C. Fee of Rs. 10	U/- at the markerence	e Certificate directly	to the Directo	o earliest	· ·
I am to request to se	ent my Transference	ruz (East), Mumbal -	400 098 at tr	le earnest.	Distance Euucation,
paid the T.C. Fee of Rs. 10. I am to request to se University of Mumbal, Vice	iyanagari, ourilas		- x		
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Thanking you,		Verified by	1	=	126
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N.B.: 1) This Applic	ation for transfer	nation to I D.E. on the	hanin of M (1)	from the of	filiated college or the
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Dr. Shankar Dayal Sharma Bhavan, Vidyanagari Campus, Kalina,

Santacruz (East). Mumbai - 400 098. Application for Transference Certificate from the last attended From: College / University Department Shri/Smt./Kum. DAVE MANST ASTT HARSHA

(In Block Letters) (Surname) (Own Name) (Father's/Husband's Name) (Mother's name) Residential Address of the student A/24 DIPTI SOCIETY MAIN AKURUI ROAD, KANDTVALI-EAST, MUMBAI - 400101 Pin Code 40010 To. The Principal/ Head of the University Dept. (Full Name and Address of the last attended College / University Dept.) _ Through Asst. Registrar (Admn.) I.D.O.L and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Department. _____ during the First/Second Term of the academic year 2004-05 at your College and Passed /failed/was awarded at the examination held by the I attended the T.Y. R. ComClass. App. ID No. University Dept. /College in April/October 2005. Examination (Seat No. 14283 My Date of Birth is 0.3 d July 1984. I am enclosing the attested xerox copy of the mark-sheets of the above mentioned examinations. I have also paid the T.C. Fee of Rs. 100/- at the Institute of Distance and Open Learning at the time to admission. I am to request to send my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Kalina Campus, Santacruz (East), Mumbai - 400 098 at the earliest. Thanking you, outs Obediently, Date: 13 07 2023

NB: 1. This Application for Transference Certificate must be submitted at the admission counter by only those students who seek admission of I.D.O.L. on the basis of N.O.C. from the affiliated college or the of the University of Mumbai last attended by them.

2. The old student of L.D.O.L. are NOT required to fill up this form.

or the University of Mumbal last attended by them





UNIVERSITY OF MUMBAI INSTITUTE OF DISTANCE EDUCATION

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

Applicati

	to Ten
	From: College / University Department
	From: College / University Department
	College
	Shri/Smt: Kum. College (In Block Letters) Code:
	Residential and (Sumame) POOJA NARAYAN NEETA.
	(Own Name) (Felher's/Husband's Name) (Mother's Name)
	Residential address of the student A 304 PARBS NAGAR SOCIETY. TULINTI: Road, NAINAS SOCIETY.
	121704
	The Principal / Head of the University Dept.
	The Name and Address of the last attended College Wisconstitution and Address of the last attended College Wisconstitution
	Valia College of Commerce, M.K. High School Complex, Factory Lan
	BORIVALI - W
	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 Mumbal on the basis of the No Objection Certificate dated
	issued to me by the College / University Dept.
	l attended the TUBNS Class (Div. A. Roll No) during the First/Second Term/s of the
	academic year 2019 - 20 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. 11523 82)
	My Date of Birth is 14 11 1998
	I am enclosing the attested xerox copy of the mark-sheet/s of the above mentioned examination/s. I have also
٠.	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 Mumbal, Vidyanagari, Santacruz (East), Mumbal - 400 098 at the earliest.
	Thanking you,
	Yours obediently,
	The state of the s
	2010
	Date: (Student's Signature)
a j	N.B.: 1) This Application for Transference Cortification
	those students who seek admission to I.D.E. on the basis of N.O.C. from the affiliated college or the
*11	Department of the University of Mumbai last attended by them. 2) The old students of I.D.E. are NOT regulated to Silver the students.
	Ly hip our students of LD.E. are NOT required to the



Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari Campus, Kalina,

	Application Santacruz (East), Mumbai 400 098.
	From . Continue of the last attended
	Shri/Smt /k
	Shri/Smt./Kum. Vichare Aditya Mangesh (Mother's name)
	(Surname) (Mother's inter-
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	- Scrat less of the student 51/3 Vant Nagar Rahivashi Sangh, Karape
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6	Pin Code (1000 68 Dahipari (E) U 298 Last Bloods
	Pin Code 4000 68 Tel. No. 7045 889221
	To,
	(Full Name and the University Dept.
	(Full Name and Address of the last attended College / University Dept.) Makeshui Pushpabhon
	Vinubnai Valia (ollege - Bornwelli-(w)
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	D. Mary (Admin) I.D.O.L.
	Through Asst. Registrar (Admn.) I.D.O.L
	Sir/ Madam, * I am to State that I have taken provisional admission to the TYBAF Class in the Institute of Distance
	TV RAF Class in the Institute of Distance
	I am to State that I have taken provisional admission to the The No. Objection Certificate dated
	and Open Learning of the University of Manibus on
	Issued to me by the College / University Department.
	I attended the TY, B.A.F Class. App. ID No during the First/Second Term of the
•	University Dept. /College in April/October October Examination (Seat No. 1111282).
3	University Dept. /Conege in April October
	My Date of Birth is 20/09/1999
	Law englosing the attested verox copy of the mark-sheets of the above mentioned examinations. I have also
	paid the T.C. Fee of Rs. 100/- at the Institute of Distance and Open Learning at the time to admission.
	paid the L.C. Fee of Rs. 100/- at the firstitute of Distance and Open
	I am to request to send my Transference Certificate directly to the Director, Institute of Distance and Open
	Learning, University of Mumbai, Vidyanagari, Kalima Campus, Santacruz (East), Mumbai – 400 098 at the earliest.
•	Thanking you,
	Yours Obediently,
	15/1/14/Y
	Oate: (Signature of the Adm. Clerk) . (Student's Signature
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NB: 1. This Application for Transference Certificate must be submitted at the admission counter by only those students who seek admission of I.D.O.L. 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 student of I.D.O.L. are NOT required to fill up this form.

Date:



UNIVERSITY OF MUMBAI INSTITUTE OF DISTANCE EDUCATION

Dr. Shanker Dayal Sharma Bhavan, Vidyanagari, Santacruz (East), Mumbai - ^00 098.

Application for Transference Certificate from the last attended

College / University Department	
From:	
Sind/Snd. Kum. NAYAK TANMAY. MANZSH NISMISHA (In Block Letters)	
(In Block Letters) (Summer) (Father's Husband's Name) (Mother's h	1
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Pin Code: 2001 01	
GUTARAT Pin Code: 382481 Tel. No. 7977 208115	
*The Principal / Head of the University Dept.	
(Full Name and Address of the last attended College / University Dept.) MATUSHRI PUSHPABEN	
VINUBHAT VALIA COLLEGE OF COMMERCE	
- COMPANY OF COMPANY	
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 institu	
Distance Education 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 (Div Roll No) during the First/Second Term/s	2
academic year 2019 - 20 at your College and passed/failed/was awarded A.T.K.T. at the examination h	•
the University Dept. / College in April/October 2019 Examination (Seat No. 1022982)	
My Date of Birth Is 28/08/1998	
I am enclosing the attested xerox copy of the mark-sheet/s of the above mentioned examination/s. I ha paid the T.C. Fee of Rs. 100/- at the Institute of Distance Education at the time of admission.	V (
I am to request to sent my Transference Certificate directly to the Director, Institute of Distance Euro	C
University of Mumbal, Vidyanagari, Santacruz (East), Mumbal - 400 098 at the earliest.	-
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Department of the University of Mumbal last attended by them.	THE REAL PROPERTY.
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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

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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:

Shri / Smt. /Kum. .

DALVI

College Code: 279

Residential address of R NO 1 A 1ST FLR SHIV CHAYA CHL NO 1 INDIRA SAINATH NAGAR ROAD OPP SAINATH MUNCIPALTY

SCHOOL SCHO SCHOOL, 0, Mumbai, Mumbai City, MUMBAI, Maharashtra

Contact no. 8692979171

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): MATUSHREE PUSHPABEN VINUBHAI VALIA 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 BACHELOR OF COMMERCE Class (Roll No. 2017016400741373) 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. 1022493)

My Date of Birth is 01/01/2000

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:

beller

(Student's Signature)

Document printed on Tue Jul 11 2023 15:19:41 GMT+0530 (India Standard Time)

TO I'E OF MANAGEMENT STUDIES AND RESEARCH Cambus, R.M Bhattad Road, Ram Nagar, Kalpana Chawla Chowk, Borivali (West), Mumbai - 92. NAVINCHANDRA MEHTA Deccan Education Society's

Des's Mumbai Campus, Kirti College Road. Off-Veer Savarkar Road, Dadar(w), Mumbai - 400 028 AVINCHANDRA MEHTA INSTITUTE OF T CHNOLOGY AND DEVELOPMENT Tel No: 022- 62764582/83/84, Telelar: 022-7325760, Website: www.noritd.edu.in.

[Approved by AlcTe & DTE, Affiliated to University of Mumbai]

NAAC ACCREDITED B++

[INSTITUTE CODE: MCA-317324110 & MMS-317310210]

Application for Tra-

MITD td. 2008

Transfer Certific
From:
ast attended College / University
From:
Shri/Smt./Kum. Canado 1 1 1 Date: 24/8/23
(In Block)
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Residential address of the student: (Own Name) (Father's/Husband's Name) (Mother's
Bouvali Wira Society ran mandir Road balchai Waka
1022139254, Pin Code: 400092 Tel. No.
- 39
T-
To,
The Principal,
M. K. Valia Commerce
- 1 made Commosice
Sir/Madam,
I beg to state that I have taken provisional admission to the
NMITD, College, I request that you will be good enough to send my Transfer Certificate
directly to the address: "Director, Navinchandra Mehta Institute of Technology &
directly to the address: "Director, Navinchandia William Coff Veer Savarkar Road
Development, DES's Mumbai Campus, Kirti College Road, Off-Veer Savarkar Road,
Dadar(w) Mumbai - 400 028." of this College. 1096754
O c Poll No) during the
I attended 10. (own class (Div. 1) Roll 10 at your College and
the examination held by the Onversity/Conego in
April/November 2022 Examination. (University-Exam. Seat No. 1096754)
April/November 2022 Examination: (Oniversity 2.1)
5 11 - 5 Direct is 9 9 10 112001
I am enclosing the attested Xerox copy of the mark-sheet of the above mentioned
I am enclosing the attention
examination.
Λ +
Thanking you.
Verified by, Wella Institute of Yours Obediently,
Verified by,
(8/ NMITD \8\)

Dadar (w), Mumbai-28,

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ADITYA INSTITUTE OF MANAGEMENT STUDIES AND RESEARCH ADIT TO THE UF MANAGEMENT STUDIES AND RESEARCH Aditya Educational Campus, R.M. Bhattad Road, Ram Nagar, Kalpana Chawla Chowk, Borivali (West), Mumbai - 92.

Application for Transference Certificate

	To,			
10	The Principal		Date: 1-9-23	
	(Name and Address of the college last attende			26,PA
	M- Kind ress of the college last av		e .	_D(1-11-
	Boxivali (1)2+100	-d) -		
	1	- -		
	Mumbai-4000gs			
	D			
	From: Name and Address of the Student	Pratib H-Sarah	oru;	•
	of the Student	want it south	Mandanashas Rax	J,
		DIX Benhue apt	MONOGIA COM	_
		Basivali (Ub), My	YULLACOTZ	
	Sir,	•		
	ANGERT IN THE STATE OF THE STAT	estament	Studies and Research reque	est •
	As I am seeking admission to the MMS in you to please arrange to send me Transference	the Aditya Institute of Management	e Officer, Aditya Institute	oi st).
	you to please arrange to send me Transference Management Studies and Research, R.M Bha	attad Road, Ram Nagar, Kalpana Cl	hawla Chowk, Borivaii (We.	
	Mumbai - 92.	attau Roau, Rum		
		000		*
	1. Class Attended: Bocam			5
	Academic Vearce / 1 / / /			
	3 Fram Passed/Feiled:	*		
#3	4. Year of Examination: 7020			2
	5. Date of Birth: 27-04-1999		Yours Fait	thfully
	at a		1277275000000	E 1997 1
			p.H.Sam	TAME
			Signature of St	tudents
1	ADITVA INSTITUTE OF M	IANAGEMENT STUDIES AND	RESEARCH	
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Fo	r. No rwarded with compliments to the Principal/H	ead of the Department		tificate.
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	orm is to be returned to The Administrativ	of the Arthur Institute of	Management Studies	Research
This f	orm is to be returned to The Administrativ	-f Cortificate	•••••••	
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No.:_	of		Date:	
Name	of the Student: Shri. / Smt. / Kum			
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Academ	ic Year :			
		DIRECTOR ditus Institute of	f Management Studies	and Researcl
	ADITYA INST	HUIE OF MANAGEMENT	encen medicate record Visit (1900) and the second of the s	
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	near naipana Cha	awla Choud Day Day	Head of Departme	ent
	Ram Nagar, Br	Orivali (W), Mumbai - 400 092.		
	Tel No:	022 - 35206111/112		
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2 mis very 91 Otherwise II	-	Year वर्ष	Centre केंद्र ',	Class aif	Seal Nd. आसन ' कमांक	Ivame o, me Institution through Which appeared ज्या संस्थेमाफेत	Results निकास
nat the Issue pation Certificate pe delayed.	1	2020_ 2023	406	B. com	205901	वसला असेल त्या संस्थेचे नांच HIV Valia ज्यासुह मू	7.91 CAPA
विद्यापीठाच्या परीक्षा (वर्ष वं मिळालेल्या वर्गासह) त्यांच्या कमानुसार ही माहिती भरणे फार महत्त्वाचे आहे. अन्यथा स्थलांतर प्रमाणपत्र दिले	प्रथम वर्ष कला/विज्ञान/ वाणिज्य द्वितीय वर्ष कला/विज्ञान/वाणिज्य तृतीय वर्ष वी ए /				· . i	americe	
जाण्यास उशीर होण्याची	बी.एस्.सी./बी.कॉम. एम ए./एम.एस्सी./ एम.कॉम. इतर	*.*			- San aranga		1. · ·

applicant has passed the Std. XII examination or its equivalent Examination with the year of passing, if he/she has not passed the Std. XII Examination of the Mumbai Board.

जर अर्जदार मुंबई बोर्डाची १२ बीची परीक्षा उत्तीर्ण झाला/झाली नसेल तर. तो /ती ज्या विद्यापीटाची किंवा इंटरमीजिएट शिक्षण मडळाची १२वाची किंवा समतुल्य परीक्षा उत्तीर्ण झाला/झाली असेल त्या विद्यापीठाचे किंवा इंटरमीजिएट शिक्षण मंडळाचं नाव आणि ज्या वर्षी उत्तीर्ण झाला/झाली असेल ते वर्ष.

- Examination of this University, if any, with year and seal number at which the applicant appeared but failed to pass.
- ्अर्जदार या विद्यापीठाच्या एखाद्या परीक्षेस बसला/बसली असेल, परंतु अनुत्तीर्ण झाला/झाली असेल अशी परीक्षा, वर्ष व आसन क्रमांक पांसह.
 - Examination of this University, if any, with the academic year for which the applicant was studying but left while
 - या विद्यापीठाच्या एखाद्या परीक्षेसाठी शिक्षण घेत असेल परंतु शिक्षण चालू असतानाव त्याने/तिने ती परीक्षा सोड्न दिली असेल अर्थी परीक्षा विद्यावर्षासह.
- Name of the University where the student proposes to register his name and the name of the course :
- विद्यार्थ्याने ज्या विद्यापीठात आपले नांव नांदवण्याचे योजले असेल त्या विद्यापीठाचे नांव आणि त्या शिक्षण क्रमाचे नाव ः
 - Name of the Institution/College where the student proposes
 - (अ) विद्यार्थ्याने जेथे दाखल होण्याचे योजले आहे त्या संस्थेचे/महाविद्यालयाचे नांव.
 - (b) Whether the Migration Certificate was issued to him

If so, state the purpose for which it was obtained.

- (व) यापूर्वी त्याला स्तलांतर प्रमाणपत्र दिले होते का ? दिले असल्यास ते ज्या प्रयोजनाकरिता मिळविले होते ते प्रयोजन नमूद करावे.
- (c) If the Migration Certificate was not utilized, state the approximate date and the year when it was returned to the University for cancellation.
- (क) त्या स्थलांतर प्रमाणपत्राचा उपयोग करण्यात आलेला नशत्यास, ते रद करण्यासाठी परत विद्यापीठाकडे पाठविल्याची अंदमासे तारीख व वर्ष .नमूद करावे.
- Date on which the Leaving Certificate was applied for
 - संस्था सोडल्याच्या प्रमाणपत्राकरिता अर्ज केल्याची तारीख.
 - and/आणि
 - Date on which the Leaving Certificate was issued by the institution last attended by the applicant.
 - अर्जदार सर्वात शेवटी ज्या संस्थेत उपस्थित राहिला असेल त्या संस्थेने संस्था सोडल्याचे प्रमाणपत्र दिल्याची तारीख.
- Other Particulars if necessary t. आवश्यक असत्यास, इतर तपशील।

Technical

CHILDREN WELFARE Valnai Village, Marve Road, Orlem Bav APPLICATION FOR TRANSI	
Valnai Village, Maryo P	No:
APPLICATION FOR TRANSI	CENTRE LANGE
FOR TRANS	di Stop, Malad (West)
SHARMA	FERENCE CERTIFICATION OF THE PROPERTY OF THE P
APPLICATION FOR TRANSI From SHARMA KAVITA TELL Student's Name in Full (IN BLOCK LE Home Address 1/Shivyam Patel Chaw) To, The Principal	- SERTIFICATE DN
Shirt IN BIOSE	A 0 Date: 1918123
Ramoul Patel C.	TTERS) beginning with SURNAME L. Hanuman Nagar Near. Clage Malad (E) Mumbai -97
The Di	Hanum an Manan
Mile Principal	Mage Malad CE2 M
(No. Pusha)	- Mumbai - 97
arme of the college lost which are the	
Dear Sir,	College of Commerce and Economics
Name of the college last attended) I am seeking admission	college of Commerce and Economics
College for the age of	Yr. Class of the Three Years LL.B. Course at Your est you to send my Transference Certificate to the
Principal of the college	Yr. Class of the Three Years LL.B. Course at Your est you to send my Transference Certificate to the
College for the academic year 2023- 20 24 I reque Principal of the college.	of you to send my Transference Certificate to the
of Your colles	s, Div Roll No
I have attended the Class of Your college as specified below	
	: FROM JUNE 20 TO OCT, 20
and SECOND TERM	FROM NOV 20 TO MAR
AND *Passed *Failed *did not appear at examination of the second records and the second records record	: FROM NOV 20 TO MAR, 20
March / October, 20	amination held by the University of Mumbai in
(6.3)	-
My Particulars	s are as follows:
Name of the Examination TV Brown	Marks obtained (Total) 2741 Out of 4000
Seat No. 1096647	Class Obtained: IST Class
Centre Self - Center	Month & Year of appearance April . 2022
Date of Birth OS 12 2000	
	· Acres
	Yours faithfully
	od ma
	Kankara
1	Signature of the Student
*Strike off what is not required:	0 - 5 2
	CENTRE LAW COLLEGE
Valnai Village, Marve Road, Orlem Ba	avdi Stop, Malad (West), Mumbai - 400 064.
Pof : No	Data
Ref.: No	Date:
Forwarded with compliments to the Principal	Awlyse
College for favour of Compliance	CENTRE
ounced for favour of compliance	Dr. ANANT'N. KALSE

WALAD (W)

CHILDREN VIELFARE CENTRE'S

Marve Road, Malad (W), Mumbai - 400 064

CHILDREN WELFARE CENTRE LAW COLLEGE Valnai Village, Marve Road, Orlem Bavdi Stop, Malad (West), Mumbai - 400 064. APPLICATION FOR TRANSFERENCE CERTIFICATE From YADAY PRITI Student's Name in Full (IN BLOCK LETTERS) beginning with SURNAME Home Address RIN.S. Kuber Jaday Chawl, Hannan Nagar Kurar Willage, Malad (E), Mumbri - 097. The Principal Matushi Puspahen Vinubai College of Commerce and Economics (Name of the college last attended) MAY I am seeking admission to the I Yr. / III Yr. Class of the Three Years LL.B. Course at Your College for the academic year 2023-2024 I request you to send my Transference Certificate to the Principal of the college. I have attended the ____ Class, Div ___ Roll No of Your college as specified below_ FIRST TERM : FROM JUNE 20 TO OCT, 20 and SECOND TERM : FROM NOV 20 TO MAR, 20 AND *Passed *Failed *did not appear at examination held by the University of Mumbai in March / October, 20 My Particulars are as follows: Name of the Examination TYB.com Marks obtained (Total) 2654 Out of 4000 Seat No. 1096-104 Centre Self. Centre Month & Year of appearance _p\(\circ\) -2022 Date of Birth 15/02/2002 Yours faithfully

*Strike off what is not required:

CHILDREN WELFARE CENTRE LAW COLLEGE

Valnai Village, Marve Road, Orlem Bavdi Stop, Malad (West), Mumbai - 400 064.

Ref.: No._______ Date: _____

Forwarded with compliments to the Principal _____

College for favour of Compliance

CLALER ON THE SE

Dr. ANANT N. KALSE

I/C PRINCIPAL

CHILDREN WELFARE CENTRE'S

COLLEGERRINGIPAL

'Marve Road, Malad (W),

Mumbai - 400 064

N	0:			
(3	Years	Course)	

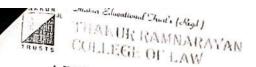
COLLEGERRINGUPAL

Marve Road, Malad (W), Mumbai - 400 064

CHILDREN WELFARE CENTRE LAW COLLEGE Valnai Village, Marve Road, Orlem Bavdi Stop, Malad (West), Mumbai - 400 064.

APPLICATION FOR TRANSFERENCE CERTIFICATE

From YADAN DOTT		Date: 19 08 23
Student's Name in Full (IN BLC	NOT SHAKUNT	ALA
Student's Name in Full (IN BLO	OCK LETTERS) beginning	with SURNAME
TOUR!	1 1 1 1 1 1	NIARAR KUYAF
To,	E) Mumbri-	097.
The Principal		
Name of the college last attended) Dear Sir,	Valica ni_College_o_(omi	nerce and Economics
I am seeking admission to the I Yr. / II Y College for the academic year 2023-202৭ I r Principal of the college.	r. / III Yr. Class of the Three equest you to send my Tr	e Years LL.B. Course at Your ansference Certificate to the
I have attended the	Class. Div	_Roll No
of Your college as specified below		
FIRST TERM	: FROM JUNE 20	TO OCT, 20
and SECOND TER	M : FROM NOV 20	TO MAR, 20
AND *Passed *Failed *did not appear at e		University of Mumbai in
March / October, 20		
My Particula	rs are as follows:	
Name of the Examination TYB-com	Marks obtained (Total	2654 Out of 4000
Seat No. 1096704	Class Obtained :	Ist class
Centre Self Centre	Month & Year of appea	rance 1 - 2022
Date of Birth 15/02/2002		1.2
8	1.140	Yours faithfully
		(Lindov
-68		Poutry agov
	E *	Signature of the Student
*Strike off what is not required:		
CHILDREN WELFARE (Valnai Village, Marve Road, Orlem Bave		
Ref.: No	Dat	e:
Forwarded with compliments to the Principal	7-	Amluse
College for favour of Compliance	CENTRE'S COL	Dr. ANANT N. KALSE



Forwarded with compliments to Principal

for favour of compliance.

Thakur Ramnarayan Educational Campus, S.V. Road, Dahisar (Cast), Mumbai - 400 068 Tel.: 022 - 2828 1200 - Fax : 022 - 2828 1300

APPLICATION FOR THE TRANSFERENCE CERTIFICATE Shri/Smt./Kum: HALANISAR DAROJINI Resident Address: 13 402 (Surname) NETRAM (Own Name) SHREE KRISHNA GARDEN EXCELLENCY DAIRY MIRA ROAD (EAST) THANE-HOLLOT. To. The Principal, The Borivali Education Society's College of Commerce. Sir/Madam, I am seeking admission to the F-Y. LLB class in THAKUR RAMNARAYAN COLLEGE OF LAW, Mumbai and request that you to send my Transference Certificate to the Principal, Thakur Ramnarayan College of Law, Thakur Educational Campus, S.V. Road, Dahisar (East), Mumbai-400068. I attended T. Y. B'CDM - Class, Div. _____ Roll No. __ From JUNE 20 to OCT. 20_ FIRST TERM From NOV. 20_____ to MARCH 20 SECOND TERM: and passed / failed / with A.T.K.T. at the examination held by University of Mumbai in March/ October, APRIL - 1997 PARTICULARS Name of the Examination T. Y. B'CON. Marks obtained (Total) 378 Class obtained ______ Seat No. 16207 Month & Year of appearance Centre MUMBAI Date of Birth 13th Tuly 1976 (Signature of the Student) * Strike off what is not required Thakur Ramnarayan Educational Campus, S.V. Road, Dahisar (East), Mumbai - 400 068 Tel.: 022 - 2828 1200 * Fax : 022 - 2828 1300 E-mail : admin@trcl.org.in * Website : www.trcl.org.in LURELIN RAMINARAYAN COLLEGE OF LAW

> Principal Thakur Ramnarayan College of Law

> > Principal

Thakur Ramnarayan College of Law S.V. Road, Dahisar(E), Mumbai-400068



NIRMALA MEMORIAL FOUNDATION COLLEGE OF EDUCATION

D.S. Road, Asha Nagar, Thakur Complex, Kandivali (East), Mumbal - 400 101. Tel.: 2854 3234

APPLICATION FOR TRANSFERENCE CERTIFICATE

From: KAMBLE SAILEE SADANAND.
(Name of the student in block capital letters)
Home Address: ROOM NO 94 BUZLDING NO 96 WESTERN RAILWAN
COLONY BORIVAUI LE) MOMBAI -400066
To The Principal MATUSHRI PUSHPABEN WINUBHAI UALIA COLLEGE OF (Name of the College last attended) COMPLEX
I beg to state that I am seeking admission to theF.Y.B.Ed : Class in the College and request that you will be good enough to send my Transference Certificate to the Principal Nirmala Memorial Foundation College of Education, Kandivali (East), Mumbai - 400 0101. I attended the Class in your College and my Roll No. was State of the year Class in your College and my Roll No. was I Kept the Following terms in your College. First Term June Apr - 2021 to October To October To October
Tune -2022.
My examination Seat No. was 1178368. Yours Obediently,
(Signature of the Studen
Forwarded with compliments to the Principal MATUSHRT PUSHPABEN VINUBHAI VALIA COLLEGE OF COM for favour of compliance. Date: 16 10 2023 Principal

Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbal-400098

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

From:

College Code: 279

Shri / Smt. /Kum. .

RAWAL (Surname)

ISHITA

INDRAKUMAR

HEMA

(Father's/Husband's Name) (Own Name) Residential address of the 303 SHREENATH SAI DARSHAN CHSL DATTAPADA ROAD BORIVALI EAST, 0, Boriwali, Mumbai

(Mother's Name)

student-

Suburban, MUMBAI, Maharashtra

Pincode: 400066

Contact no. 8286966701

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,

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 BACHELORS OF COMMERCE Class (Roll No. 2018016401762536) 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. 4360039)

My Date of Birth is 10/11/2000

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:



(Student's Signature)

Document printed on Fri Jul 29 2022 12:12:15 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

Sher | Smt. /Kum.

DOSHI (Surname) SIDDHARAT (Own Name)

MUKESHKUMAR

(Father's/Husband's Name)

SANGITA

(Mother's Name) A 201 Vardhman BLDG NARAYAN NAGAR BHAYANDAR WEST Thane, 0, Thane, Thane, Other,

College Code: 279

Residential address of the student:

Maharashtra Pincode: 401101

Contact no. 9892134534

The principal / head of the University Dept

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

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. 2020016401779874) during the First/Second Terms of the Academic year 2022-2023 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in November 2022 Examination (Seat No. 1054160)

My Date of Birth is 30/06/2002

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



(Student's Signature)

iddhart

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Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (cast), Mumbai-400098

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

From:

Shri / Smt. /Kum. .

YADAV

VIVEK

RAJNATH YADAV

SUSHILA DEVI

College Code: 279

(Ma

Residential address of the student:

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Address of the Sai Bajrang Nagar Bablipada Sai Bajrang Nagar C S Road No. Dahisar, 0, Boriwali, Mumbai Suburban, Mumbai, Maharashtra

Pincode: 400068

Contact no. 9321880558

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 Lane, Borivali (West) - 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. 2019016400505354) 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. 1096710)

My Date of Birth is 08/09/2000

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:

Discrete of States

(Student's Signature)

Document printed on Wed Jun 28 2023 22:05:51 GMT+0530 (India Standard Time)

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INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)

UNVERSITY OF MUMBAI

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari Campus, Kalina,

Santacruz (Fast), Mumbai 400 098.

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

From:	•	TA HGG A	HA	NSAISTIV.
Shri/Smt/Kum, KANANI M	MYUR	(NOVINDBHAI		(Mother's name)
	(Own Name)	(Father's/Husb	anu s (tame)	(2)
Desidential Address of the student A	-704, UTU.	Tutva CHIL,	Rigendra	Might
- Juniya			110/10/01	C)
1 1006		Tel. No	6 4600 48	
Pin Code400066		*		
To, The Principal/ Head of the University (Full Name and Address of the last atto		University Dept.) 1	ocivali topil	ation sover
Forton Jone Borrali	- Wea		Note: 189	
10000	Through Asst. [Registrar (Admn.) 1.D	.O.L	
I am to State that I have take and Open Learning of the University Dept. /College in April/Queen My Date of Birth is 6th No. 1 am enclosing the attested very paid the T.C. Fee of Rs. 100/- at the Interning, University of Mumbai, Vidy	Class. Apur College and over 1979 ox copy of the nastitute of Distar	Department. pp. ID No I Passed /failed/was S Ex mark-sheets of the about the about the directly to the about the directly the directly to the about the directly t	during the awarded at the xamination (Sea	e First/Second Term of the examination held by the t No. 15150
Thanking you,	Ye	of the Adm. Clerk)		Yours Obediently, W Traffcours (Stildent's Signature)
NB: 1. This Application for Transfe students who seek admission	rence Certifica of I.D.O.L., on	te must be submitted the basis of N.O.C. fi	at the admissio rom the affiliate	n counter by only those d college or the

Department of the University of Mumbai last attended by them.

2. The old student of I.D.O.L. 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), Mumbal-400098 vigyanagari, Santacruz (east), Mumbai-400098
Application for Transference Certificate from the last attended College / University Department

College Code: 279

From:

Shri / Smt. /Kum. .

THAKKAR

MITESH

MAYUR

SMITA

Residential address of

(Father's/Husband's Name)

(Mother's Name)

the student:

ROOM NO.1, NIKUNJ VIHAR DATTAPADA ROAD NO.3 BORIVALI EAST, O, Boriwali, Mumbai Suburban, MUMBAI, Maharashtra

Pincode: 400066

Contact no. 9870244353

To,

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

Borivali West, Mumbai - 400092

I am to state that I have taken provisional admission to the PGDFM 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

I attended the BACHELOR OF COMMERCE Class (Roll No. 6258256) 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. 6258256)

My Date of Birth is 05/08/1989

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:

(Student's Signature)

Document printed on Thu Aug 24 2023 19:31:21 GMT+0530 (India Standard Time)

Print Application

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Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbat-1000'98

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

College Code: 279

3

From :

Shri / Smt. /Kum. .

DHADUK

KRISHNA

MANSUKIIBIIAI

SHARMILA

Residential address of

the student:

(Father's/Husband's Name)

(Mother's Name)

ROOM NO. 3 MARIYAM BAI ABDULA CHAWL S.V. Road , AMBEWADI DAHISAR EAST , 0, Mumbai, Mumbal City, MUMBAI, Maharashtra

Pincode: 400068

Contact no. 9820667707

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

S.V.ROAD , BORIVALI EAST , MUMBAI

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. 2017016400740122) 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 March 2020 Examination (Seat No. 1827919)

I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s. I am enclosing an account my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, 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:



(Student's Signature)

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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:

Shri / Smt. /Kum. .

VADAYE

PRACHI

(Own Name)

(Father's/Husband's Name) Room No. 22 Chawl No. 8 Ratanabai Chawl Saibaba Nagar Borivali (W), 0, Boriwali, Mumbai

(Mother's Name)

College Code: 279

Residential address of

the student:

Suburban, Mumbai, Maharashtra Pincode: 400092

Contact no. 8591159142

The principal / head of the University Dept

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

Borivali (w)

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 /

I attended the B. Com Class (Roll No. 2020016401780204) during the First/Second Terms of the Academic year 2022-2023 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2023 Examination (Seat No. 2056708)

My Date of Birth is 21/03/2003

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

Signature)

Date: 22 08 2023



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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:

Shri / Smt. /Kum. .

PARMAR

PUNIT

KIRITBHAI

College Code: 279

(Surname) (Own Name)

(Father's/Husband's Name)

ELABEN (Mother's Name)

student:

Residential address of the B-40 / 302, 3RD FLOOR, ANAND SAGAR CHS CS ROAD, ANAND NAGAR, Dahisar EAST, 0, Mumbai, Mumbai City, MUMBAI, Maharashtra

Pincode: 400068

Contact no. 7021791319

To,

The principal / head of the University Dept

(Full Name and Address of the last attended College / University Dept.): MATUSHREE 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 F.Y. M.C.A. 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. 2013016400079491) 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 February 2017 Examination (Seat No. 1009000)

My Date of Birth is 19/11/1995

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:



(Student's Signature)

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UNIVERSITY OF MUMBAI

Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (cast), Vlumbai-400098

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

From:

College Code: 279

Shri / Smt. /Kum. .

OZA (Surname)

VIVEK

ANILBHAI

CHANDRIKABEN

Residential address of the

student:

(Own Name)

(Father's Husband's Name) E 218, Sukanchan Co Op Hsg Society, Tanki Road, Nallasopara East, 0, Vasai, Palghar, Nallasopara,

(Mother's Name)

Maharashtra Pincode: 401209

Contact no. 7276505932

The principal / head of the University Dept

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

Matushree 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 B.Com Class (Roll No. 302) during the First Second Terms of the Academic year 2022-2023 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in May 2023 Examination (Seat No. 2056373) My Date of Birth is 24/10/2002

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

(Student's Signature

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UKIIBIIAI r's Husband's N S.V. Road , A

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. .

PRACHI

DILIP

JYOTI

Room No. 22 Chawl No. 8 Ratanabai Chawl Saibaba Nagar Borivali (W), 0, Boriwali, Mumbai (Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

Suburban, Mumbai, Maharashtra

Pincode: 400092

Contact no. 8591159142

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

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 /

I attended the B. Com Class (Roll No. 2020016401780204) during the First/Second Terms of the Academic year 2022-2023 attended the B. Com Class (Roll No. 2020010101/00201) during the First, occord Terms of the Academic year 2022-2023 at the examination held by the University Dept. / College in April at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in April 2023 Examination (Seat No. 2056708)

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

Signature)

Date: 22 08 2023



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st attended College / University 18 pm

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:

MUKESIP (Father

AGAR BY

8921

Shri / Smt, /Kum, .

DHADUK (Surname)

KRISHNA

MANSUKHBHAI

College Code: 279

Residential address of

(Own Name)

(Father's/Husband's Name)

SHARMILA (Mother's Name)

the student:

ROOM NO. 3 MARIYAM BAI ABDULA CHAWL S.V. Road , AMBEWADI DAHISAR EAST , 0, Mumbai, Mumbai City, MUMBAI, Maharashtra

Pincode: 400068

Contact no. 9820667707

To.

The principal / head of the University Dept

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

S.V.ROAD, BORIVALI EAST, MUMBAI

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. 2017016400740122) 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 March 2020 Examination (Seat No.

My Date of Birth is 25/11/1999

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

Date:

(Student's Signature)

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umbat, Main meode: 400068

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

3

Shri / Smt. /Kum. .

DOSHI

SIDDHARAT

MUKESHKUMAR

SANGITA (Mother's Name)

Residential address of the

(Surname)

(Own Name)

(Father's/Husband's Name) A 201 Vardhman BLDG NARAYAN NAGAR BHAYANDAR WEST Thane, 0, Thane, Thane, Other,

student:

Maharashtra Pincode: 401101

Contact no. 9892134534

To.

The principal / head of the University Dept

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

Lattended the B.Com Class (Roll No. 2020016401779874) during the First/Second Terms of the Academic year 2022-2023 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in November 2022 Examination (Seat No. 1054160)

My Date of Birth is 30/06/2002

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:

(Student's Signature)

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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

From:

Shri / Smt. /Kum. .

YADAV

Pincode: 400068

VIVEK

RAJNATH YADAV

SUSHILA DEVI

(Mother's Name)

Residential address of the

student:

(Own Name)

(Father's/Husband's Name)

Sai Bajrang Nagar Bablipada Sai Bajrang Nagar C S Road No. Dahisar, 0, Boriwali, Mumbai Suburban, Mumbai, Maharashtra

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

Contact no. 9321880558

COMMERCE, M.K.School Complex, Factory Lane, Borivali (West) - 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 Bachelor Of Commerce Class (Roll No. 2019016400505354) during the First/Second Terms of the Academic year 2021-2022 attenued the Bacheror Of Commerce Class (Non 150, 2017/01040/303534) during the Phisosecond 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. 1096710)

My Date of Birth is 08/09/2000

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:

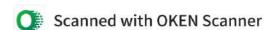


(Student's Signature)

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4/4



From: Shri / Smt. /K Residential student:



INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL) UNVERSITY OF MUMBAI

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari Campus, Kalina, Santacruz (East), Mumbai - 400 098.

Application for Transference Certificate from the last attended

College / University Department

College / University Department
Shri/Smt./Kum. KANANI MAYUR (NOVINDRHAI HANSAREN. (Mother's name)
(In Block Letters) (Surname) (Own Name) (Father's/Husband's Name)
Residential Address of the student A-704 Uniu- Tutva CHIL Right Magal
2010/00/00
Pin Code
To, The Principal/ Head of the University Dept. (Full Name and Address of the last attended College / University Dept.) Boxivali Foundation Society.
Factor Jone, Bonrali - Wet
Through Asst. Registrar (Admn.) I.D.O.L
I am to State that I have taken provisional admission to the
My Date of Birth is 6th Nov 1979. Lam enclosing the attested xerox copy of the mark-sheets of the above mentioned examinations. I have also paid the T.C. Fee of Rs. 100/- at the Institute of Distance and Open Learning at the time to admission.
paid the T.C. Fee of Rs. 100/- at the institute of Distance and Open
I am to request to send my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Kalina Campus, Santaeruz (East), Mumbai – 400 098 at the earliest.
Thanking you, Yours Obediently,
Date:
NB: 1. This Application for Transference Certificate must be submitted at the admission counter by only those students who seek admission of LD.O.L. 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 student of I.D.O.L. are NOT required to fill up this form.

statistical desay, ac/ApplicationStatus/PrintApplication?PrintCollegeHeader=False&PrintCollegeFedurer-False 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

A

From:

College Code: 279

Shri / Smt. /Kum. .

THAKKAR (Surname)

MITESH

MAYUR

SMITA

Residential address of

the student:

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

(Mother's Name)

ROOM NO.1, NIKUNJ VIHAR DATTAPADA ROAD NO.3 BORIVALI EAST, 0, Boriwali,

Mumbai Suburban, MUMBAI, Maharashtra

Pincode: 400066

Contact no. 9870244353

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

Sir / Madam,

I am to state that I have taken provisional admission to the PGDFM 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. 6258256) 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. 6258256)

My Date of Birth is 05/08/1989

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:

(Student's Signature)

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Print Application

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152





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. .

PARMAR

PUNIT

ELABEN

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

student:

Residential address of the B-40 / 302, 3RD FLOOR, ANAND SAGAR CHS CS ROAD, ANAND NAGAR, Dahisar EAST, 0, Mumbai, Mumbai City, MUMBAI, Maharashtra

Pincode: 400068

Contact no. 7021791319

The principal / head of the University Dept

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

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

I am to state that I have taken provisional admission to the F.Y. M.C.A. 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 B.Com Class (Roll No. 2013016400079491) 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 February 2017 Examination (Seat No. 1009000)

My Date of Birth is 19/11/1995

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

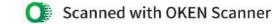
Date:



(Student) Signature

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Institute of Distance and Open Learning

Dr. Shankar David Sharma Bhavan.

Vidyanagari, Santacruz (cast), Mumbai-400078

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

From

College Code: 279

Shri / Smt. /Kum. .

OZA

VIVEK ANILBRAI

CHANDRIKABEN

Residential address of the

Student.

(Samame) (Own Name) (Father's Husband's Name) F 218, Sukanchan Co Op Hsg Society, Tanki Road, Nallasopara East. 0, Vasai, Palghar, Nallasopara,

(Mother's Name)

Maharashtra

Pincode: 401209

Contact no 7276505932

The principal / head of the University Dept

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

Matushree Pushpaben Vinubhai Valia College Of Commerce, M.K.School Complex, Factory Un, 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 B.Com Class (Roll No. 302) during the First/Second Terms of the Academic year 2022-2023 at your College and (passed failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in May 2023 Examination (Seat No. 2056373)

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.

Millen

Thanking You.

Verified by

Yours obediently

Date

(Student's Signature)

Document printed on Thu Jul 27 2023 08:43:49 GMT+0530 (India Standard Time)