

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:

JAIN

(Surname)

Plot No. 448 Navjeenan CHS Room No. B7 Sector 4 Charkop Kandivali West , 0, Andheri,
Mumbai Suburban, Mumbai, Maharashtra
Pincode: 400067

DIVESH
(Own Name)

LALIT
(Father's/Husband's Name)

College Code : 279

MEENA
(Mother's Name)

Contact no. 9967927355

To,

The principal / head of the University Dept
(Full Name and Address of the last attended College / University Dept.):

COLLEGE OF COMMERCE ,
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 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. 2017016400506177) 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. 1110727)

My Date of Birth is 06/12/1999

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:



[Handwritten Signature]

[Handwritten Signature]

(Student's
Signature)

Dr. Shankar
Vidyanagari, S
Application for T

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UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

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

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

From :

Shri / Smt. / Kum. .

Residential address of
the student:

CHAUIHAN
(Surname)

B/39, 3RD FLOOR, 301, VITHAL
Mumbai, Mumbai City, MUMBAI, Maharashtra
Pincode: 400068

SMITH

(Own Name)

MUKESH

(Father's/Husband's Name)

College Code : 279

PANNA

(Mother's Name)

0, 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 (Seat 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:



[Handwritten Signature]

[Handwritten Signature]

(Student's
Signature)

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

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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

From:

Shri / Smt. KUMAR

(In Block Letters)

KANOJIA

(Surname)

AJAY

(Own Name)

ASAPILAL

(Father's/Husband's Name)

College
Code :

0279

POOHAM

(Mother's Name)

Residential address of the student

8, BHASKAR MALI SOCIETY, SAMBARNANAGAR,

BORIVALI (W) MUMBAI-400092

Pin Code: 400092

Tel. No: 7715957518

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

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

Sir / Madam,

I am to state that I have taken provisional admission to the P.G.D. FM (I/II) 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 B.COM Class (Div. B) Roll No. 0408 during the First/Second Term/s of the academic year 2014-15 at your College and passed/failed/was awarded A.T.K.T. at the examination held by the University Dept. / College in April/October 2014 Examination (Seat No. 0408)

My Date of Birth is 19/10/1994

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,

Yours obediently,

Date :

(Signature of the Adm. Clerk)

(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 A.T.K.T. from the affiliated college or the Department of the University of Mumbai last attended by them.

Name: SUJIT R. YADAV.
Address: ROOM NO-538, RAH NAGAR
SOCIETY NO-5, SODAWALANE,
GOVIND NAGAR, BORIWALI(W).
Date: 02-09-2023.

To,
The Principal,
Prof. V. Manikandan.

Sub: Issue of Transference Certificate

Respected Sir,

I, the undersigned, has completed my graduation/post graduation in BAF 2018 from
your college / institute in the year 2018. I was studying in the college / institute
from 2015 to 2018 for the purpose.

I have now joined St. Francis Institute of Management and Research for Two Year Full - Time
Course in PGDM for further studies.

The institute needs Transference Certificate from the last college / institute attended by me. I
am submitting my application through the Institute with a request to send my transference
certificate to the institute at the earliest.

Thanking you,

Yours faithfully,


Signature

Forwarded with compliments to:

The Principal _____
For information and necessary action.

Registrar, Prof. George Shetty
St. Francis Institute of Management and Research
Mount Painsur, S.V.P. Road, Borivli (W), Mumbai - 400 103.





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

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari Campus, Kalina,
Santa Cruz (East), Mumbai - 400 098.

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

From :

Shri/Smt./Kum. DAVE MANSI ASIT 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 AKURLI
ROAD, KANDIVALI-EAST, MUMBAI-400101.

Pin Code 400101. Tel. No 9167197842

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

Sir/ Madam,

I am to State that I have taken provisional admission to the M.Com Class in the Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated 12/07/2023 Issued to me by the College / University Department.

I attended the T.Y.B. Com Class. App. ID No. 2004-05 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 University Dept. /College in April/October 2005 Examination (Seat No. 14283).

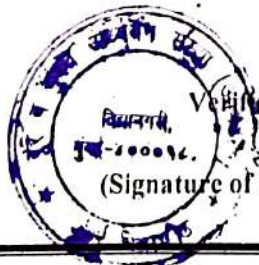
My Date of Birth is 03rd JULY, 1984.

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, Santa Cruz (East), Mumbai - 400 098 at the earliest.

Thanking you,

Date : 13/07/2023.



(Signature of the Adm. Clerk)

Yours Obediently,

Handy a
(Student's Signature)

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.



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.
(In Block Letters)

MISTRY

(Surname)

POOJA

(Own Name)

NARAYAN

(Father's/Husband's Name)

NEETA

(Mother's Name)

Residential address of the student

A/304 PARAS NAGAR SOCIETY,
TULINTI Road, NALLASOPARA - E
Pin - 401209

Pin Code: 401209

Tel. No.

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 - 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 Mumbai on the basis of the No Objection Certificate dated _____ Issued to me by the College / University Dept.

I attended the TYBMS 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. 1153382)

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 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,



(Signature of the Adm. Clerk)

Yours obediently,

Date :

(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.



INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)
UNIVERSITY 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

From :

Shri/Smt./Kum. Vichare Aditya Mangesh Manoj
(In Block Letters) (Surname) (Own Name) (Father's/Husband's Name) (Mother's name)

Residential Address of the student 51/3, Pant Nagar Rahivashi Sangh, Koknipada
Sant Kabin Mang Dahisar (E) 298 Last Bus stop
Mumbai - 400068

Pin Code 400068

Tel. No. 7045889221

To,

The Principal/ Head of the University Dept.

(Full Name and Address of the last attended College / University Dept.) Matushri Pushpabhon
Vinubhai Valra College - Borivadi - (W)

Through Asst. Registrar (Admn.) I.D.O.L.

Sir/ Madam,

M-6M-I

I am to State that I have taken provisional admission to the TY.B.A.F Class in the 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 Department.

I attended the TY.B.A.F Class. App. ID No. _____ during the First/Second Term of the academic year 2019-2020 at your College and Passed /failed/was awarded at the examination held by the University Dept. /College in April/October October Examination (Seat No. 1111282).

My Date of Birth is 20/09/1999

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,

Date :



(Signature of the Adm. Clerk)

Yours Obediently,

(Student's Signature)

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.



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: Sir / Smt. Kum. NAYAK TANDAY MIANISH NIJISHA
(In Block Letters) (Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student F-604 SHREE VISHNUDHARA GARDENS,
NEAR JAGUAR SHOWROOM, GOTA, JAGATPUR ROAD, AHMEDABAD
GUJARAT
Pin Code: 382481 Tel. No. 7979208115
To
The Principal / Head of the University Dept.
(Full Name and Address of the last attended College / University Dept.) MATOSHRI PUSHPABEN
VINUBHAI VALIA COLLEGE OF COMMERCE

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 BCOM Class (Div. _____ Roll No. _____) during the First/Second Term/s of 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 2019 Examination (Seat No. 1022982)

My Date of Birth is 28/08/1998

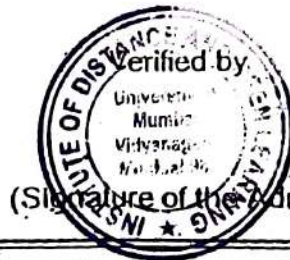
I am enclosing the attested xerox copy of the mark-sheet/s of the above mentioned examination/s. I have paid the T.C. Fee of Rs. 100/- at the Institute of Distance Education at the time of admission.

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,

Yours obediently

Date:



Nannay
(Student's Signature)

N.B.: 1) This Application for Transference Certificate must be submitted at the admission counter by those students who seek admission to I.D.E. on the basis of N.O.C. from the affiliated college / Department of the University of Mumbai last attended by them.

The old students of I.D.E. are NOT required to fill up this form.



UNIVERSITY OF MUMBAI INSTITUTE OF DISTANCE EDUCATION

Dr. Shankar 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. SHAH VAIMANI JIGAR HETAL
(In Block Letters) (Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)

Residential address of the student F-604 SHREE VISHNUDHARA GARDENS
NEAR JAGUAR SHOW ROOM GOTA, JAGATPUR, AHMEDABAD
GUJARAT

Pin Code: 382481 Tel. No: 9324457656

To

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

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 BMS Class (Div. _____ Roll No. _____) during the First/Second Term/s academic year 2019-20 at your College and passed/failed/was awarded A.T.K.T. at the examination held at the University Dept. / College in April/October 2019 Examination (Seat No. 3104659)

My Date of Birth is 04/02/1998

I am enclosing the attested xerox copy of the mark-sheet/s of the above mentioned examination/s. I have 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,



Yours obedient

Date: _____

Vaimani J. Shah
(Student's Sign)

N.B.: 1) This Application for Transference Certificate must be submitted at the admission counter by those students who seek admission to I.D.E. on the basis of N.O.C. from the affiliated college/Department of the University of Mumbai last attended by them.

The old students of I.D.E. are NOT required to fill up this form.

TC No-7751 DU 05/08/23
EDUCATION SOCIETY'S
TECHNOLOGY AND DEVELOPMENT
Mumbai - 400 028

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. .

DALVI

(Surname)

ARJUN

(Own Name)

NAMDEV

(Father's/Husband's Name)

SHANTABAI

(Mother's Name)

Residential address of
the student:

R NO 1 A 1ST FLR SHIV CHAYA CHL NO 1 INDIRA SAINATH NAGAR ROAD OPP SAINATH MUNICIPALTY
SCHOOL, 0, Mumbai, Mumbai City, MUMBAI, Maharashtra
Pincode: 400086

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:



(Signature)

(Student's
Signature)

(Signature)

NAVINCHANDRA MEHTA INSTITUTE OF TECHNOLOGY AND DEVELOPMENT
DES's Mumbai Campus, Kirti College Road, Off-Veer Savarkar Road, Dadar(w), Mumbai - 400 028
Tel No: 022- 62764582/83/84, Telefax: 022-21325700, Website: www.nmitd.edu.in,
Email: director.nmitd@desgroup.org

[Approved by AICTE & DTE, Affiliated to University of Mumbai]
NAAC ACCREDITED B++
INSTITUTE CODE: MCA-317324110 & MMS-317310210

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

From:

Shri/Smt./Kum.

Date: 24/8/23

(In Block letters)
Name)

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's)

Residential address of the student:

A/A Saikrupa Society Ram Mandir Road Balhai Waka
Borivali (W), Pin Code: 400092 Tel. No.
9022139254

To,

The Principal,

M.K. Valia Commerce

Sir/Madam,

I beg to state that I have taken provisional admission to the MMS Class in 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 & Development, DES's Mumbai Campus, Kirti College Road, Off-Veer Savarkar Road, Dadar(w), Mumbai - 400 028." of this College.

I attended B.Com class (Div. B Roll No. 1096754) during the First/Second Terms/s of the academic year 2021-2022 at your College and passed/failed/Detained at the examination held by the University/College in April/November 2022 Examination. (University-Exam. Seat No. 1096754)

My date of Birth is 29/01/2001

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

Thanking you.

Verified by,



Yours Obediently,

ADITYA INSTITUTE OF 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,
The Principal.

Date: 19/12

(Name and Address of the college last attended)

M-K Valia College,
Borivali (West)
Mumbai-400092

From: Name and Address of the Student

Pratik H. Sanghavi
D18, Benhur Apt Chandralekha Road,
Borivali (West), Mumbai-400092

Sir,

As I am seeking admission to the MMS in the Aditya Institute of Management Studies and Research request you to please arrange to send me Transference Certificate to **The Administrative Officer, Aditya Institute of Management Studies and Research, R.M Bhattad Road, Ram Nagar, Kalpana Chawla Chowk, Borivali (West), Mumbai - 92.**

Particulars

1. Class Attended: B-com Roll No. 058
2. Academic Years: 2020
3. Exam. Passed/~~Failed~~:
4. Year of Examination: 2020
5. Date of Birth: 27-04-1999

Yours Faithfully

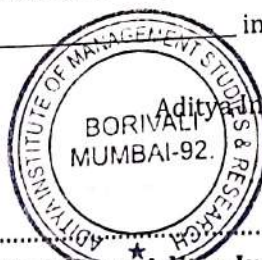
P.H. Sanghavi
Signature of Students

ADITYA INSTITUTE OF MANAGEMENT STUDIES AND RESEARCH

Ref. No. _____

Date: _____

Forwarded with compliments to the Principal/Head of the Department _____ in favour of issue of Transference Certificate.



S. Kedar
Administrative Officer

This form is to be returned to **The Administrative Officer, Aditya Institute of Management Studies Research**
Along with the Transference Certificate

No. : _____ of _____ Date: _____

Name of the Student: Shri. / Smt. / Kum. _____

Semester to which admitted 1st Year in MMS

Academic Year : _____

DIRECTOR Aditya Institute of Management Studies and Research
ADITYA INSTITUTE OF MANAGEMENT STUDIES & RESEARCH
Near Kalpana Chawla Chowk, R.M. Bhattad Road,
Ram Nagar, Borivali (W), Mumbai - 400 092.
Tel. No.: 022 - 35206111/112

Head of Department

is very otherwise it that the issue Certificate be delayed.

अर्जदार उत्तीर्ण झालेल्या ह्या विद्यापीठाच्या परीक्षा (वर्ष व मिळालेल्या वर्गासह) त्यांच्या क्रमानुसार ही माहिती भरणे फार महत्वाचे आहे. अन्यथा स्थलांतर प्रमाणपत्र दिले जाण्यास उशीर होण्याची शक्यता आहे.

Examinations परीक्षा:	Year वर्ष	Centre केंद्र	Class वर्ग	Seat No. आसन क्रमांक	Institution through which appeared ज्या संस्थेमार्फत बसला असेल त्या संस्थेचे नांव	Results निकाल
F.Y.S.Y. Arts/Sc./Com. T.Y. B.A./B.Sc./B.Com./ M.A./M.Sc./M.Com. Others.....	2020- 2023	406	B.com	205301	MV Valia College of Commerce	7.91 CGPA
प्रथम वर्ष कला/विज्ञान/ वाणिज्य द्वितीय वर्ष कला/विज्ञान/वाणिज्य तृतीय वर्ष बी.ए./ बी.एस.सी./बी.कॉम. एम.ए./एम.एस.सी./ एम.कॉम. इतर						

7. The name of the University or Intermediate Education Board, from which the 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.

Dr. Rizvi Learners Academy
CBSE Board - 2020

8. जर अर्जदार मुंबई बोर्डाची १२ वीची परीक्षा उत्तीर्ण झाला/झाली नसेल तर, तो/ती ज्या विद्यापीठाची किंवा इंटरमीडिएट शिक्षण मंडळाची १२वाची किंवा समतुल्य परीक्षा उत्तीर्ण झाला/झाली असेल त्या विद्यापीठाचे किंवा इंटरमीडिएट शिक्षण मंडळाचे नाव आणि ज्या वर्षी उत्तीर्ण झाला/झाली असेल ते वर्ष.

(a) Examination of this University, if any, with year and seat number at which the applicant appeared but failed to pass.

(b) अर्जदार या विद्यापीठाच्या एखाद्या परीक्षेस बसला/बसली असेल, परंतु अनुत्तीर्ण झाला/झाली असेल अशी परीक्षा, वर्ष व आसन क्रमांक यांसह.

(c) Examination of this University, if any, with the academic year for which the applicant was studying but left while studying.

(d) या विद्यापीठाच्या एखाद्या परीक्षेसाठी शिक्षण घेत असेल परंतु शिक्षण चालू असतानाच त्याने/तिने ती परीक्षा सोडून दिली असेल अशी परीक्षा विद्यावर्षासह.

9. Name of the University where the student proposes to register his name and the name of the course :

University -
Dr. A.P.J. Abdul Kalam Technical
University (AKTU)
course - MBA

10. विद्यार्थ्याने ज्या विद्यापीठात आपले नांव नोंदवण्याचे योजले असेल त्या विद्यापीठाचे नांव आणि त्या शिक्षण क्रमाचे नाव :

College - B.N. College of
Engineering & Technology.

(a) Name of the Institution/College where the student proposes to join.

(b) विद्यार्थ्याने जेथे दाखल होण्याचे योजले आहे त्या संस्थेचे/महाविद्यालयाचे नांव.

(c) Whether the Migration Certificate was issued to him/her before ?
If so, state the purpose for which it was obtained.

(d) यापूर्वी त्याला स्थलांतर प्रमाणपत्र दिले होते का ? दिले असल्यास ते ज्या प्रयोजनाकरिता मिळविले होते ते प्रयोजन नमूद करावे.

(e) If the Migration Certificate was not utilized, state the approximate date and the year when it was returned to the University for cancellation.

(f) त्या स्थलांतर प्रमाणपत्राचा उपयोग करण्यात आलेला नसल्यास, ते रद्द करण्यासाठी परत विद्यापीठाकडे पाठविल्याची अदमासे तारीख व वर्ष नमूद करावे.

11. (a) Date on which the Leaving Certificate was applied for

16/01/24

(b) संस्था सोडल्याच्या प्रमाणपत्राकरिता अर्ज केल्याची तारीख, and/आणि

(c) Date on which the Leaving Certificate was issued by the Institution last attended by the applicant.

16/01/2024

(d) अर्जदार सर्वात शेवटी ज्या संस्थेत उपस्थित राहिला असेल त्या संस्थेने संस्था सोडल्याचे प्रमाणपत्र दिल्याची तारीख.

12. Other Particulars if necessary.
आवश्यक असल्यास, इतर तपशील

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

No: _____
(3 Years Course)

APPLICATION FOR TRANSFERENCE CERTIFICATE

From SHARMA KAVITA TELHA REENA Date: 19/8/23
Student's Name in Full (IN BLOCK LETTERS) beginning with SURNAME
Home Address 1/Shivram Patel Chawl, Hanuman Nagar Near,
Ramesh Hotel, Kurla Village Malad (E) Mumbai - 97

To,
The Principal

Matushi Pushpaben Vinubhai Valia College of Commerce and Economics
(Name of the college last attended)

Dear Sir,

I am seeking admission to the I Yr. / II 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 TV Bcom Marks obtained (Total) 2741 Out of 4000
Seat No. 1096647 Class Obtained : 1st class
Centre Self - Center Month & Year of appearance April. 2022
Date of Birth 05/12/2000

Yours faithfully

Kavita Sharma
Signature of the Student

*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



Dr. Anant N. Kalse
I/C PRINCIPAL
CHILDREN WELFARE CENTRE'S
COLLEGE OF LAW
Marve Road, Malad (W),
Mumbai - 400 064

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

No. _____
(3 Years Course)

APPLICATION FOR TRANSFERENCE CERTIFICATE

From YADAV PRIITI MANOJ SHAKUNTALA Date: 19/08/23
Student's Name in Full (IN BLOCK LETTERS) beginning with SURNAME
Home Address RIN.S. Kuber Yadav Chawl, Hanuman Nagar Kuxar
Village, Malad (E), Mumbai - 097.

To,
The Principal

Matushri Puspaben Virubhai Valia
(Name of the college last attended) College of Commerce and Economics

Dear Sir,

I am seeking admission to the I Yr. / II 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. 1096704 Class Obtained : 1st class
Centre Self - Centre Month & Year of appearance April - 2022
Date of Birth 15/02/2002

Yours faithfully

Poojyadav
Signature of the Student

*Strike off what is not required:

CHILDREN WELFARE CENTRE LAW COLLEGE

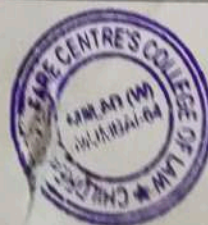
Valnai Village, Marve Road, Orlem Bavdi Stop, Malad (West), Mumbai - 400 064.

Ref.: No. _____

Date: _____

Forwarded with compliments to the Principal _____

College for favour of Compliance



Dr. ANANT N. KALSE
H/C PRINCIPAL
CHILDREN WELFARE CENTRE'S
COLLEGE PRINCIPAL
Marve Road, Malad (W),
Mumbai - 400 064

No: _____
(3 Years Course)

CHILDREN WELFARE CENTRE LAW COLLEGE

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

APPLICATION FOR TRANSFERENCE CERTIFICATE

From YADAV PRIITI MANOJ SHAKUNTALA Date: 19/08/23
Student's Name in Full (IN BLOCK LETTERS) beginning with SURNAME
Home Address RIN-5, Kuber Yadav Chawl, Hanurrao Nagar Kurar
Village, Malad (E), Mumbai - 097.

To,
The Principal

Matushri Puspaben Vinubhai Valia College of Commerce and Economics
(Name of the college last attended)

Dear Sir,

I am seeking admission to the I Yr. / II 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. 1096704 Class Obtained : 1st class
Centre Self - Centre Month & Year of appearance April - 2022
Date of Birth 15/02/2002

Yours faithfully

Priiti Yadav
Signature of the Student

*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



Dr. Anant N. Kalse
I/C PRINCIPAL
CHILDREN WELFARE CENTRE'S
COLLEGE PRINCIPAL
Marve Road, Malad (W),
Mumbai - 400 064



Thakur Educational Trust's (Regd.)

THAKUR RAMNARAYAN
COLLEGE OF LAW

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



APPLICATION FOR THE TRANSFERENCE CERTIFICATE

From,

Date: _____

Shri/Smt./Kum: HALANISAR SARAJINI NEIRAM
(Surname) (Own Name) (Father/Husband Name)

Resident Address: 13/402, SHREE KRISHNA GARDEN EXCELLENCY,
MHDC, NEAR NAGORI DAIRY, MIRA ROAD (EAST) THANE-401107.

To,

The Principal,

The Borivali Education Society's College of Commerce-
Borivali (East)

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'COM - Class, Div. _____ Roll No. _____

FIRST TERM : From JUNE 20 _____ to OCT. 20 _____

and

SECOND TERM : From NOV. 20 _____ to MARCH 20 _____

and passed / failed / with A.T.K.T. at the examination held by University of Mumbai in March/ October, 20 ____ / 20 ____ . APRIL - 1997

PARTICULARS

Name of the Examination T.Y. B'COM Marks obtained (Total) 378

Seat No. 16207 Class obtained IInd class.

Centre MUMBAI Month & Year of appearance April 1997.

Date of Birth 13th July 1976

Shatel
Yours obediently,

(Signature of the Student)

* Strike off what is not required



Thakur Educational Trust's (Regd.)

THAKUR RAMNARAYAN
COLLEGE OF LAW

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



Date: _____

Forwarded with compliments to Principal
for favour of compliance.

[Signature]

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), Mumbai - 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 BUILDING NO. 96 WESTERN RAILWAY
COLONY BORIVALI (E) MUMBAI - 400 066

To
The Principal MATUSHRI PUSHPABEN VINUBHAI VALIA COLLEGE OF
COMMERCE
(Name of the College last attended)

Sir,

I beg to state that I am seeking admission to the F.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 M.Com. Class in your College and my Roll No. was 326.
for the year 2021-22.

I Kept the Following terms in your College.

First Term June Apr-2021 to October Dec July 2021.

Second Term November July 2021 to April June-2022.

and Passed / Failed at the M.Com. examination held in April / October
June-2022.

My examination Seat No. was 1178368.

Yours Obediently,

Kamble
(Signature of the Student)

Forwarded with compliments to the Principal MATUSHRI PUSHPABEN
VINUBHAI VALIA COLLEGE OF COMMERCE for favour of compliance.

Date : 16/10/2023



Principal

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. .

RAWAL

ISHITA

INDRAKUMAR

HEMA

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of the student:

303 SHREENATH SAI DARSHAN CHSL DATTAPADA ROAD BORIVALI EAST, 0, Boriwali, Mumbai 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:



[Handwritten Signature]

[Handwritten Signature]

(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 :
Smt / Smt. / Kum. .
Residential address of the student:
College Code : 279
SANGITA
(Mother's Name)
DOSH
(Surname)
SIDDHARAT
(Own Name)
MUKESHKUMAR
(Father's/Husband's Name)
A 201 Vardhman BLDG NARAYAN NAGAR BHAYANDAR WEST Thane , 0, Thane, Thane, Other,
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 PUSHIPABEN 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 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:



(Handwritten signature)

(Student's
Signature)

(Handwritten signature: Siddharth)

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

YADAV

(Surname)

VIVEK

(Own Name)

RAJNATH YADAV

(Father's/Husband's Name)

SUSHILA DEVI

(Mother's Name)

Residential address of the student:

Sai Bajrang Nagar Bablipada Sai Bajrang Nagar C S Road No. Dahisar , 0, Borivali, 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.): **MATUSHIRI 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:



(Handwritten Signature)

(Student's Signature)

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



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

Dr. Shankar Dayal Sharma Bhavan,
Vidyanagari Campus, Kalina,
Santa Cruz (East), Mumbai - 400 098.

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

From :
Shri/Smt./Kum. KANANI MAYUR (NOVINDBHAI) HANSABEN
(In Block Letters) (Surname) (Own Name) (Father's/Husband's Name) (Mother's name)

Residential Address of the student A-704, VIKU - TATVA CHSL, Raghendra Nagar
Borivali East

Pin Code 400066 Tel. No 9619600488

To,
The Principal/ Head of the University Dept.
(Full Name and Address of the last attended College / University Dept.) Borivali Education Society,

Factor Lane, Borivali - WEA

Through Asst. Registrar (Admn.) I.D.O.L.

Sir/ Madam,

I am to State that I have taken provisional admission to the _____ Class in the 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 Department.

I attended the _____ Class. App. ID No. _____ during the First/Second Term of the academic year _____ at your College and Passed /~~failed~~/was awarded at the examination held by the University Dept. /College in April/October 1999 Examination (Seat No. 15150).

My Date of Birth is 6th Nov 1979

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, Santa Cruz (East), Mumbai - 400 098 at the earliest.

Thanking you,

Date :



Verified by
(Signature of the Adm. Clerk)

Yours Obediently,

(Student's Signature)

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.



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. .

THAKKAR

(Surname)

MITESH

(Own Name)

MAYUR

(Father's/Husband's Name)

SMITA

(Mother's Name)

Residential address of
the student:

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



Mitesh

Mitesh

(Student's Signature)

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

Print Application

TEND
765
27-13/12/23

UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning
Dr. Shankar Dayal Sharma Bhavan,
Vidyasagar, Santacruz (east), Mumbai-400098

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

College Code : 279

From :
Shri / Smt. / Kum. . **DHADUK** **KRISHNA** **MANSUKHBHAI** **SHARMILA**
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of **ROOM NO. 3 MARIYAM BAI ABDULA CHAWL S.V. Road , AMBEWADI DAHISAR EAST , 0, Mumbai,**
the student: **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 PUSHAPABEN VINUBHAI VALIA COLLEGE ,**
S.V.ROAD , BORIVALI EAST , 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 **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.
1027919)

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,**
Vidyasagar, Santacruz (East), Mumbai - 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:



(Signature)

Krishna
(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. .	VADAYE	PRACHI	DILIP	JYOTI
	(Surname)	(Own Name)	(Father's/Husband's Name)	(Mother's Name)
Residential address of the student:	Room No. 22 Chawl No. 8 Ratanabai Chawl Saibaba Nagar Borivali (W) , 0, Borivali, Mumbai			
	Suburban, Mumbai, Maharashtra			
	Pincode: 400092	Contact no. 8591159142		

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

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. 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

Prachi Dilip Vadaye

Date: **22/08/2023**



[Signature]

[Signature]

(Student's Signature)

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UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

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

From :

Shri / Smt. /Kum. .

PARMAR

(Surname)

PUNIT

(Own Name)

KIRITBHAI

(Father's/Husband's Name)

ELABEN

(Mother's Name)

Residential address of the student:

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

College Code : 279

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:



(Handwritten Signature)

(Student's Signature)

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UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

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

From :

Shri / Smt. / Kum. ,

College Code : 279

OZA

(Surname)

VIVEK

(Own Name)

ANILBHAI

(Father's/Husband's Name)

CHANDRIKABEN

(Mother's Name)

Residential address of the student:

E 218, Sukanchan Co Op Hsg Society, Tanki Road, Nallasopara East, 0, Vasai, Palghar, Nallasopara, Maharashtra

Pincode: 401209

Contact no. 7276505932

To,

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.

I attended 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:



[Handwritten signature]

[Handwritten signature: VIVEK]

(Student's
Signature)

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

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. .

VADAYE
(Surname)

PRACHI
(Own Name)

DILIP
(Father's/Husband's Name)

College Code : 279
JYOTI
(Mother's Name)

Residential address of
the student:

Room No. 22 Chawl No. 8 Ratanabai Chawl Saibaba Nagar Borivali (W) , 0, Borivali, Mumbai
Suburban, Mumbai, Maharashtra
Pincode: 400092

Contact no. 8591159142

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

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. 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

Prachi Dilip Vadaye

Date: 22/08/2023



(Signature)

(Signature)
(Student's
Signature)

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27-13/12/23

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

From :
Shri / Smt. / Kum. . **DIHADUK** **KRISHNA** **MANSUKHIBHAI** **SHARMILA**
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of 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** College Code : **279**

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

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. **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. **1027919**)

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:



(Signature)

Krishna.
(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. . DOSHI SIDDHARAT MUKESHKUMAR SANGITA
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)
Residential address of the student: A 201 Vardhman BLDG NARAYAN NAGAR BHAYANDAR WEST Thane , 0, Thane, Thane, Other, 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.
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

Date:



(Signature)

(Student's
Signature)

Siddhart

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. .YADAV
(Surname)VIVEK
(Own Name)RAJNATH YADAV
(Father's/Husband's Name)SUSHILA DEVI
(Mother's Name)Residential address of the
student:Sai Bajrang Nagar Bablipada Sai Bajrang Nagar C S Road No. Dahisar , 0, Borivali, 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.): MATUSHIRI PUSHPABEN VINUBILAI 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:



Maham

(Student's
Signature)Document printed on **Wed Jun 28 2023 22:05:51 GMT+0530 (India Standard Time)**

From :
Shri / Smt. / K

Residential
student:



INSTITUTE OF DISTANCE AND OPEN LEARNING (IDOL)

UNIVERSITY 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

From :

Shri/Smt./Kum. KANANI MAYUR GOVINDBHAI HANSABEN.
(In Block Letters) (Surname) (Own Name) (Father's/Husband's Name) (Mother's name)

Residential Address of the student A-704, Vigna - Tutva CHSL, Rigendra Nagar
Borivali East

Pin Code 400066 Tel. No. 9619600488

To,

The Principal/ Head of the University Dept.

(Full Name and Address of the last attended College / University Dept.) Borivali Education Society

Factor Lane, Borivali - West

Through Asst. Registrar (Admn.) I.D.O.L.

Sir/ Madam,

I am to State that I have taken provisional admission to the _____ Class in the 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 Department.

I attended the _____ Class. App. ID No. _____ during the First/Second Term of the academic year _____ at your College and Passed / ~~Failed~~ / ~~Was~~ awarded at the examination held by the University Dept. / College in April/October 1999 Examination (Seat No. 15150).

My Date of Birth is 6th Nov 1979

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,

Date :



Verified by
[Signature]
(Signature of the Adm. Clerk)

Yours Obediently,

[Signature]
(Student's Signature)

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.



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. .

THAKKAR

MITESH

MAYUR

SMITA

(Surname)

(Own Name)

(Father's/Husband's Name)

(Mother's Name)

Residential address of
the student:

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:



[Handwritten Signature]

[Handwritten Signature]
(Student's Signature)

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Print Application

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UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

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

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

From :				College Code : 279
Shri / Smt. / Kum. .	PARMAR (Surname)	PUNIT (Own Name)	KIRITBHAI (Father's/Husband's Name)	ELABEN (Mother's Name)
Residential address of the student:	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 (Sent 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:



(Handwritten Signature)

(Student's
Signature)

Document printed on Sat Aug 19 2023 14:29:24 GMT+0530 (India Standard Time)

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UNIVERSITY OF MUMBAI
Institute of Distance and Open Learning

Dr. Shankar Dayal Sharma Bhavan,

Vidyanagari, Santacruz (east), Mumbai-400098

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

From :

Shri / Smt. / Kum. :

OZA

(Surname)

VIVEK

(Own Name)

ANILBHAI

(Father's/Husband's Name)

CHANDRIKABEN

(Mother's Name)

Residential address of the student:

F 218, Sukanchan Co Op Hsg Society, Janaki Road, Nallasopara East, B, Vasai, Palghar, Nallasopara, Maharashtra

Pincode: 401209

Contact no. 7276505932

College Code : 279

To,

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.

I attended 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:



Maham

Vivek

(Student's Signature)