APPLICATION FOR THE COLLEGE LEAVING CERTIFICATE

To, Date: / /20
The Principal,
AISSMS COP,
Pune – 411 001.

Respected Madam,

1) I am _____here by request you kindly to issue me college Leaving certificate. I need the same for the following reason/s. (Please tick the appropriate option).
   (i) I have passed the B.Pharm. / M.Pharm. _____exam. held in Nov.____ / May _____
   (ii) I wish to seek admission elsewhere for B.Pharm. / M.Pharm.
   (iii) I wish to seek admission elsewhere for Degree Non – B.Pharm. / M.Pharm Program.

2) I am furnishing below the relevant details.
   (i) Academic year _____Class to which first admitted in the college: B. Pharmacy / M. Pharmacy Branch: _____
   (ii) Last class in which studied: _____
   (iii) Details of receipt of Rs. _____ which I paid for Leaving Certificate / Duplicate Leaving Certificate is: Receipt no._____ Date_____

3) I am enclosing herewith the following documents for your ready reference.
   (i) No Dues Certificate (original).
   (ii) Attested photocopy of last appeared examination result.
   (iii) Leaving Certificate receipt.

I have completed all the formalities of the college and no due remains on my name. I therefore request you kindly to issue me the College Leaving Certificate at the earliest.

Thanking you.

Yours sincerely,

_____

Remark of the Principal: _____

AISSMS
COLLEGE OF PHARMACY
IMPARTING EXCELLENCE IN EDUCATION & RESEARCH
Approved by AICTE & PCI New Delhi, Recognized by the Government of Maharashtra,
2F,12B recognition by UGC, Affiliated to Savitribai Phule Pune University
Accredited by NAAC with A Grade

Date :

NO DUES CERTIFICATE

Mr./Ms. ……student of ……B. Pharm / M. Pharm have passed/failed with ……..…… Class. We are hereby issuing no any dues of the student remain with the college. The details are given below.

Student clearance signature from the college authorities

1) Class Teacher/HoD-M.Pharm:…….. 2) Central Store/Breakage dues in-charge**(R.No.:102/105):-**……

3) APGA Co-ord.**(R.No.:202)**…… 4) Alumni Co-Ord:**(R.No.:201)** ……..…

5) Scholarship Section **(R.No.:06)**…… 6) Training & Placement Cell: ……..…….

7) Sports Section.: ……..…… 8) Anti-Ragging Cell Co-ord: ……..9)N.S.S**(R.No.:05)**.....
Mr. R. S. Manohar Dr.R.R.Padalkar

10) ***Laboratory Assistants:-***

A) Pharmaceutical Chemistry: **(R.No.:114) 1)…..…..……..…… 2)** ……..……
Mr.R.Y.Chingale **Mr.S.V.Kasbe.**

B) Quality Assurance: **(R.No.:103) 1)**…….. **.2)** ……..……..
MR.R.Y.Chingale **Mrs.A.S.Divate**

C) Pharmaceutics: **(R.No.: R.No.:08) 1)** ……..…….…… **2)** ……
Mr.V.R.Kolambe; MR.S.V.Kasbe **Mr.Sandeep R. Patil**

D) Pharmacology: **(R.No.:201) 1)**……..…… **2)**… ……..…...
Mr.Swapnil R.Patil **Mr..D.S.Tekawade**

E) Pharmacognosy: **(R.No.:203)** 1) …… **2)** ……
Mr.A.R.Kolambe **Mrs.M.S.Tapale**

1) Project (B.Pharm) / Research Guide (M.Pharm) ……

12)Student profile submission. **(R.No.:202)**.....13) Library **(R.No.:301)**……
Dr.Tina Saldanha

14) Account Section:**(R.No.:07)** ..... 15) **Office Superintendent: (R.No.06)** ……..……

Remark (if any) _____

Signature of the Principal