

APPLICATION FOR THE COLLEGE LEAVING CERTIFICATE

To,
The Principal,
AISSMS COP,
Pune – 411 001.

Date: / /20

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.
 - (ii) 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.S.Manohar Mr.S.V.Kasbe.
B) Quality Assurance: (R.No.:103) 1) 2)
MR.R.Y.Chingale Mrs.A.S.Divarte
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..D.S.Tekawade Mr.Swapnil R.Patil
E) Pharmacognosy: (R.No.:203) 1) 2)
Mr.A.R.Kolambe Mrs.M.S.Tapale
11) Project (B.Pharm) / Research Guide (M.Pharm)
12) Student profile submission. (R.No.:206) 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