

APPLICATION FOR THE COLLEGE LEAVING CERTIFICATE

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

Date: / /20

Respected Madam,

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.
- (iv) I wish to cancelled the Admission for getting / got the Job / Service.

(v) 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: _____
- (ii) Details of receipt of Rs. _____ which I paid for Leaving Certificate / Duplicate Leaving Certificate is: Receipt no._____ Date _____

(vi) 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: _____



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:
Dr.S.V.Gandhi

7) Sports Section.: 8) Anti-Ragging Cell Co-Ord: 9) N.S.S (R.No.:05).....
Mr. R. S. Manohar Mr. J.W.Gajbe

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.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.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