

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 Completed 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 my Admission from the B.Pharm./M.Pharm.Program for the reason of like Job/Physical issues/Family Problems etc.
- 2) I am furnishing below the relevant (As the Discipline) 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 / Cancelled the Admission to Far Long Year 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's Charges Paid 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,

Complete Name of the Students with M.No.

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
Completed/Failed with Class. We are hereby issuing no any dues from mine
remain with the college. The details are given below.

Student clearance Signature from the College Authorities

- 1) Class Teacher B.Pharm/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)
Mrs.A.N.Avalskar Mr.D.S.Takawade
5) Scholarship Section (R.No.:006) 6) Training & Placement Cell(R.No.:106).....
Dr.S.V.Gandhi
7) Sports Section.: 8) Anti-Ragging Cell Co-Ord: 9) N.S.S(R.No.:005)
Mr. R. S. Manohar (R.No.:114) Mrs.N.Yadav(R.No.:306) Dr.R.R.Padalkar

10) Laboratory Assistants: -

- A) Pharmaceutical Chemistry: (R.No.:114) 1) 2) (R.No.03;110).....
Mr.R.S.Manohar Mr.S.V.Kasbe.
B) Quality Assurance: (R.No.:103) 1) 2) (R.No.:103).....
MR.R.Y.Chingale Mrs.A.S.Divarte
C) Pharmaceutics: (R.No.: R.No.:008) 1) 2) (R.No.:013).....
Mr.V.R.Kolambe; MR.S.V.Kasbe (R.No.:003) Mr.Sandeep R. Patil
D) Pharmacology:(R.No.:201) 1) 2) (R.No.:013).....
Mr.D.S.Tekawade Mr.Swapnil R.Patil
E) Pharmacognosy: (R.No.:203) 1) 2) (R.No.:203)
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.:007) 15) Office Superintendent:(R.No.006)

Remark (if any) _____