

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.Divate

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) _____