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

APPLICATION FOR THE COLLEGE LEAVING CERTIFICATE OF THE A.Y.2026-27

To, **Date: / /20**

The Principal,
AISSMS College of Pharmacy,
Pune – 411 001.

Respected Madam,

I am _____ are here by requesting kindly issue me college Leaving Certificate / Leaving certificate with Duplicate for the Migration of the University / Duplicate for the Migration or (Another Reason). 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,

Student Contact:
Student Email:

Name and Sign of the Student

Remark of the Principal: _____

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Date:

NO DUES CERTIFICATE FOR THE A.Y.2026-27

Mr./Ms. ……Student of Passing A.Y… .....B. Pharm / M. Pharm (Branch …….) 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 Contact:
Student Email:

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. ……...…… 4) Alumni Co-Ord**: (R.No.:-201)** ……..…
Mrs.A.N.Avalskar **(R.No.:-202)** Mrs.A.N.Avalskar **(R.No.:-202)**

5) Scholarship Section …….…… 6) Training & Placement Cell: …….…….
Mr.S.M.Divate (R.No.:-006) Dr. S. V. Gandhi **(R.No.:-106)**

7) Sports Section.: …… 8) Anti-Ragging Cell Co-Ord:…..9)N.S.S……..
Mr. R. S. Manohar **(R.No.:-114)** Mrs.N.S.Yadav **(R.No.:-205)** Mr. J. W. Gajbe **(R.No.:-05)**

10) Dr.M.C.Damle **(Academic Calender R.No.:106)**..... 11.Dr.S.M.Patil **(Exam Section.R.No.:-207.)**.....

12) Laboratory Assistants:-

A) Pharmaceutical Chemistry: **(R.No.:114; 105) 1)…..…...……..……2)** ……..…….
Mr.R.S.Manohar (R.No.:-114) **Mr.S.V.Kasbe.(R.No.:-110)**

B) Quality Assurance: **(R.No.:-101;115) 1)**……. **2)** ……..……..
MR. R. Y. Chingale **Mrs. A. S. Divate (R.No.:103;104)**

C) Pharmaceutics: **(R.No.: R.No.:-05;08;03) 1)** ….…..……..… **2)** ……
Mr. V. R. Kolambe; Mrs.N.D.Mali **Mr.Sandeep R. Patil (R.No.:-013)**

D) Pharmacology: **(R.No.:-201) 1)**…….…… **2)**… ……..…...
Mr.D.S.Tekawade **Mr.Swapnil R.Patil (R.No.:-005)**

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

11) Project (B.Pharm) / Research Guide (M.Pharm) ……**2) Office for Documents/ERP (R.No.06)**.....

13) Student profile submission**. (R.No.:206)**……14) Library **(R.No.:301)**……
Dr. Tina Saldanha

15) Account Section:**(R.No.:07)** ..... 16) **Office Superintendent: (R.No.06)** ……..……

Remark (if any) _____

Signature of the Principal