

## Department of History

### CRITERIA 5

5.2.1 Percentage of students progressing to higher education during the last five years

#### 6. Tajane Aniket

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UNIVERSITY OF MUMBAI  
Institute of Distance and Open Learning  
Dr. Shankar Dayal Sharma Bhavan,  
Vidyanagari, Santacruz (east), Mumbai-400098

Application for Transference Certificate from the last attended College / University Department

From : College Code : 279  
Shri / Smt. /Kum. , TAJANE ANIKET BALU CHHAYA  
(Surname) (Own Name) (Father's/Husband's Name) (Mother's Name)  
Residential address of the student: B1, 1001 Near Kanakia Wall Street Exit Gate Andheri , 0, Andheri, Mumbai Suburban, Mumbai, Maharashtra  
Pincode: 400093 Contact no. 9594343507

To,  
The principal / head of the University Dept  
(Full Name and Address of the last attended College / University Dept.): ISMAIL YUSUF COLLEGE ARTS SCIENCE AND COMMERCE ,  
ISMAIL YUSUF COLLEGE. Hardevi Society, Natwar Nagar, Jogeshwari East, Mumbai, Maharashtra 400060.  
Sir / Madam,  
I am to state that I have taken provisional admission to the M.A. Part I CBCS class in Institute of Distance and Open Learning of the University of Mumbai on the basis of the No Objection Certificate dated Issued to me by the College / University Dept.  
I attended the Bachelors In Arts Class (Roll No. 2017016401231117 ) during the First/Second Terms of the Academic year 2019-2020 at your College and (passed/failed/was awarded A.T.K.T.) at the examination held by the University Dept. / College in October 2020 Examination (Seat No. 3002081 )  
My Date of Birth is 28/12/1999  
I am enclosing the attested Xerox copy of the mark-sheets of the above mentioned examination/s.  
I am to request to sent my Transference Certificate directly to the Director, Institute of Distance and Open Learning, University of Mumbai, Vidyanagari, Santacruz (East), Mumbai – 400 098 at the earliest.

Thanking You,

Verified by

Yours obediently

Date:

(Student's Signature)

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