



**AMAL COLLEGE OF ADVANCED STUDIES**  
Santhigramam, Myladi P.O., Eranhimangad - 679 329. Ph : 04931 - 207055

**APPLICATION FOR TRANSFER CERTIFICATE**

1. Name of student (as in SSLC Book) :
2. Date of Birth as entered in Admission Register :
3. Class & Year with Roll No. last attended :
4. Class to which admitted with admn. No. and Year :
5. Whether completed the course or not :
6. a) Whether applied for the University Examination :  
b) Whether appeared or absent :  
c). Reason for leaving :
7. Reg. No. of the University Examination :  
(last attended from this College with year)
8. Whether passed or failed or withheld the resultt :

Place :

Date :

Signature of the student

**NO DUES CERTIFICATE**

		I Year	II Year	III Year	Remarks
1	Fee				H.A.
2.	Library				Librarian
3.	Lab				H/D
4.	Department				H/D
5.	Hostel (if hostlers)				Manager/Warden
6.	Others				

Received my T.C. with Conduct Certificate / SSLC Book / +2 Mark list

Signature of the Student

OFFICE USE

Issued as pe T.C. No. .... Dated .....

Principal