



K.B.H. S.S. Trust's Institute of Pharmacy

Malegaon Camp, Malegaon

Date:

APPLICATION FOR LEAVING CERTIFICATE

To,
The Principal,
KBH Institute of Pharmacy,
Malegaon Camp, Malegaon – 423105.

Sub. : Request to issue leaving certificate.

Respected Sir,

I _____ (full name) have passed out FY / SY /TY /FINAL YEAR B. Pharm / FY / S.Y. M.PHARM exam held in the year _____. I am leaving the college on completion of my degree/without completion of the course I request you to please issue me Leaving Certificate. My relevant details are furnished below.

1. Date of Birth _____ (In words) _____
2. Place of Birth _____ Nationality / Domicile _____
3. Last College attended prior to KBH Institute of Pharmacy _____
4. Academic year of Admission in KBH Institute of Pharmacy: FY _____ Direct SY _____ M.PHARM. _____
5. Religion / Race _____ Sub Caste _____
6. Category: SC / ST / DTNT / VJNT / OBC / SBC / OPEN.
7. Year in which last term kept in Modern College of Pharmacy _____
8. Reason for Leaving Certificate _____
9. I am enclosing herewith the following documents for your record:
 - a) A copy of the mark list of the last University Examination.
 - b) A Xerox copy of the receipt of fees paid for current admission year.
 - c) Affidavit in case of Duplicate LC for Migration Purpose.
10. "No Dues Certificates" from the concerned departments should be submitted along with this application

Thanking you,

Yours faithfully

(Signature of Student)

Mobile No. :

Note: Students should collect their LC personally.