

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## APPLICATION FOR TRANSFER CERTIFICATE

TO,  
THE DEAN,  
DR.V. M. GOVT. MEDICAL COLLEGE,  
SOLAPUR.

**SUB:** REGARDING TRANSFER CERTIFICATE.

RESPECTED SIR,

My details are as below,

1. **Name of the student:** \_\_\_\_\_
2. **Admitted in academic year (Batch):** \_\_\_\_\_
3. **Roll Number:** \_\_\_\_\_
4. **Category:** \_\_\_\_\_
5. **Date of birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (DD/MM/YYYY).
6. **Current class/Term /if Pass out Examination Detail:** \_\_\_\_\_
7. **Internship Completion Date:** \_\_\_\_\_
8. **P.G college name:** \_\_\_\_\_  
\_\_\_\_\_

### Attached Documents:

- 1: If completed the U.G course: Photocopy of Passing certificate (Yes/No).
- 2: If completed the U.G course: Photocopy of Internship completion certificate (Yes/No).
- 3: If completed the U.G course: Photocopy of PG College Retained Allotment Letter (Yes/No).
- 4: If completed the U.G course: Photocopy of Bond Release Certificate –if applicable (Yes/No).
- 5: If completed the U.G course: Affidavit stating that will complete bond after completion of P.G Course and mention P.G college name in this affidavit—if applicable (Yes/No).

### Note:

- 1: Take a printout of the same and submit to inward desk.
- 2: Please pay rupees 500/- at college cashier and attach photocopy of the same.
- 3: Please preserve a photocopy of the application stamped at the inward desk.
- 4: Time required: Seven working days from the date of Inward desk.

**Signature of the student**  
**Mob. No.**