TC Format

Kindly write in capital letter only

URN No:

| Name of Student | | | |
|---------------------------------|------------|-------------|-----------|
| (First Name, Middle Name, Last | | | |
| name)* | First Name | Middle Name | Last name |
| Name of the Father/ Guardian* | | | |
| Nationality, Religion | | | |
| Community & Caste | | | |
| Date of Birth | | | |
| Degree to which the student | | | |
| was admitted to | | | |
| Semester studies at the time of | | | |
| leaving ie last exam given | | | |
| Whether completed the Degree | | | |
| successfully? | | | |
| Date of Admission | | | |
| Actual Date of leaving | | | |
| Date on which application for | | | |
| Transfer Certificate was made | | | |
| Reason for leaving | | | |

ADYPU/ SSD/ Ver. 4.0.2023