

## Application for Transfer Certificate

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

To,  
The Principal  
Smt. LP Patel Institute of Allied Health Sciences & Technology/ CAM Institute of Allied Health Sciences  
& Technology/ Smt. LP Patel Institute of Medical Laboratory Technology

Respected Sir/Madam,

I \_\_\_\_\_ have completed the program / course \_\_\_\_\_  
from this institute in the year \_\_\_\_\_. I request you to provide me the transfer certificate.

Reason: \_\_\_\_\_

University Candidate No: \_\_\_\_\_.

DOB: \_\_\_\_\_.

I have herewith enclosed a Xerox copy of my Mark sheet.

Thanking you.

\_\_\_\_\_  
Signature of requisitioner

Contact No: \_\_\_\_\_

**Remark:** \_\_\_\_\_