

YASHWANTRAO CHAVAN COLLEGE OF PHARMACY, AHMEDNAGAR

To,

Date:

The Principal,

Yashwantrao Chavan college of Pharmacy,

Ahmednagar

Sub- Request for issue Leaving Certificate.

Respected Sir,

I, Mr./Ms. _____ have passed out D.Pharm examination held in the year _____

I request you to please issue me LC

My relevant details are furnished below:

1. Date of Birth _____(In words)_____
2. Place of Birth _____(Nationality/Domicile)_____
3. Last College attended prior to YCCP _____
4. Academic Year in which admitted in YCCP for- F.Y _____ S.Y. _____
5. Religion /Race _____ Sub Caste _____
6. Category SC/ST/OBC/DTNT/OPEN _____
7. Year in which last terms kept in YCCP _____
8. Reasons for LC _____
9. I am enclosing herewith the following Documents for your Record
 - A) Copy of the Mark Sheet F.Y and S.Y.
 - B) Attaché the Xerox copy of Caste cert., 12th Leaving, Transfer, Nationality; Birth cert.
12. Authority letter (Incase student is not going to collect LC personally)

Thanking You
Yours faithfully

Permanent Address

Email

Phone No.

Part-II

Clearance Certificate

1) Certified that there is nothing due form Shri/Smt_____

Library	Store	Accountant
(Name & Signature)	(Name & Signature)	(Name & Signature)

2) Certified that Shri/Smt_____ has paid the LC fees as per the rules of MSBTE (presently, Rs. 50/100/300)

Accountant
Accounts Department

Part III

FOR OFFICE USE

Leaving Certificate May be issued/ Not be issued

Principal