



Ref. No.: AGCE/Fee structure/20 .....- 20.....

Date:

APPLICATION FOR TRANSFERENCE NO DUES CERTIFICATE

1. Name of the applicant: - \_\_\_\_\_

2. Address: - \_\_\_\_\_

3. Contact No: - \_\_\_\_\_ Email: - \_\_\_\_\_

4. B.Tech/ B.Voc / M.Tech/ Diploma Passed out Student's Details -

Table with 3 columns: Program / Department, Month and Year of passing, Marks Obtained

5. T.C. Required for Higher education, where admission taken

Table with 3 columns: Name of the College, Name of the Program, Preparation of GATE

A) If Employed

Table with 4 columns: Name of the Company / Industry, Post and Designation, Date of Joining, Salary per Annum

6. Approval from the Departmental heads: -

Table with 5 columns: Sr. No., Name of Department, Dues, Signature, Remark

- 1. All documents will be issued, only to the candidate.
2. Copies of the results of all the semesters.
3. Attach copy Graduate exit survey, Alumni feedback, Employer feedback and facility survey.
4. The transfer certificate may be given to the candidate / Sent to the College / University.

Student's Signature

HOD

Registrar

Principal

Recommended/Not Recommended

## Facility / Service Feedback Form

Academic Year: \_\_\_\_\_ Semester: \_\_\_\_\_

Sr. No.	Questions	Excellent	Very Good	Good
1	Is Adequate Reading Room Space Available?			
2	Book Bank Service Provide by the Librarian.			
3	Store Service			
4	Availability of Drinking Water			
5	Usage of ICT Tools			
6	Transport Service			
7	Support & Encouragement for Sports Activity			
8	Your Opinion on Office Administration/ Account			
9	Internet / Wi – Fi Facility			
10	Canteen Service			

Suggestions (If Any):

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Student's Signature

**Registrar**

**Principal**  
**Arvind Gavali College of Engineering,**  
**Satara**

**Recommended/Not Recommended**



