



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 -

Program / Department	Month and Year of passing	Marks Obtained

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

Name of the College	Name of the Program	Preparation of GATE

A) If Employed

Name of the Company / Industry	Post and Designation	Date of Joining	Salary per Annum

6. Approval from the Departmental heads: -

Sr. No.	Name of Department	Dues	Signature	Remark
01	Accountant			
02	Project & TPO			
03	Workshop			
04	Dept. Librarian			
05	Librarian			
06	Alumni			
07	Digital Media			
08	Canteen			

- All documents will be issued, only to the candidate.
- Copies of the results of all the semesters.
- Attach copy Graduate exit survey, Alumni feedback, Employer feedback and facility survey.
- 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**



