Shriram Shikshan Sanstha's

Shriram Institute of Engineering and Technology (Polytechnic), Paniv

Tal. Malshiras, Dist. Solapur – 413113

Application No.: _____ Date: _____

SF-13 : Leaving/Transfer Certificate Application

- Name of Student: _____
- Enrollment No.: _____ PRN: _____
- Branch: _____ Class: _____ Academic Year: _____
- Mobile: _____ Email: _____
- Parent Mobile: _____
- Address: _____
- Purpose/Application Details: _____

_____

Declaration

I hereby declare that the information furnished in this Leaving/Transfer Certificate Application is true, complete, and correct to the best of my knowledge and belief. I request the institution to issue my Leaving/Transfer Certificate. I understand that any false or misleading information may result in the rejection of my application or appropriate action as per the institution's rules.

Parent Signature
(if Applicable)

Student's Signature

Class Teacher	HOD	Principal
Signature	Signature	Signature

Office / Dept Use Only

Received on: _____ Verified by: _____

If rejected Reason: _____

Status: Deadline for collect: _____

Students received: _____