



GOKULA KRISHNA COLLEGE OF PHARMACY
SULLURPET - 524121. A.P – INDIA.

Application No.

APPLICATION FOR TRANSFER CERTIFICATE

1. Name of the Student (Block Letters) :
(As per SSC)
2. Date of Birth :
3. Class & Branch :
4. Register Number :
5. Father's Name (Block Letters) :
(As per SSC)
6. Sex : (Male / Female)
7. Religion / Caste :
8. Reason for leaving the institute :

Date:
SULLURPET

Signature of the Student

For Office use only

Remarks: Issue / Not Issue

Accountant

Jr. Asst.

A.O

Received the Transfer Certificate

PRINCIPAL

Date & Time



GOKULA KRISHNA COLLEGE OF PHARMACY

SULLURPET - 524121. A.P – INDIA.

Application No.

APPLICATION FOR NO DUES CERTIFICATE

1. Name of the Student (Block Letters) :
(As per SSC)
2. Class & Branch :
3. Register Number :

Date:
SULLURPET

Signature of the Student

For Office use only

The above student has no dues as far as the following departments / section are concerned.

S.NO	Name Of The Department		Signature
1	Office	Accounts	
2		TFR/Scholarships	
3		Hostel	
4	Library		
5	Training & Placement Wing		
6	Examination Cell		

ADMIN OFFICER

PRINCIPAL