

# Application Form for Leaving Certificate

Smt. Maniben M. P. Shah Women's College of Arts and Commerce

## Personal Information

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

## Academic Information

Discipline: BA Eng Med/BA Mar Med/BCom/BMS/BAMM/BCom AFI

Department: \_\_\_\_\_

Last Exam Given: FY/SY/TY

Roll No: \_\_\_\_\_ Division: \_\_\_\_\_

## Reason for Requesting Leaving Certificate

- ☐ Discontinuing Education
- ☐ Transfer to Another Institution
- ☐ Shifting to Native Place / Another City
- ☐ Shifting to a distant suburb
- Other (please specify): \_\_\_\_\_

## Required Permissions

- Name & Sign of the HoD/Co-Ordinator - \_\_\_\_\_
- Library Clearan. Yes ☐ No ☐ Reason- \_\_\_\_\_
- Sign of Library Staff: \_\_\_\_\_

## Declaration by the Student

- I hereby declare that the information provided above is true to the best of my knowledge.
- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use only

- If fees fully paid by the applicant: \_\_\_\_\_
- Verified By: \_\_\_\_\_
- Remarks and Signs of the Principal: \_\_\_\_\_

## Instructions

Attach the following:

1. Copies of all previous marksheets of the degree college.
2. Copy of Jr College LC.
3. Original ID card.

Submit this form to the administrative office of the college and retain a copy for your records.