

**SEVA MANDAL EDUCATION SOCIETY'S**  
**SMT. MANIBEN M.P. SHAH WOMEN'S COLLEGE OF ARTS & COMMERCE**  
**APPLICATION FOR LEAVING CERTIFICATE**

For Office Use
Received Date: _____
Issuing Date: _____
Name and Signature: _____

Full name & Address: _____ _____ _____
Contact No. : _____
E-mail Id: _____
Date: _____

To,  
 The Principal  
 Smt. Maniben M.P. Shah Women's College of Arts and Commerce  
 Matunga, Mumbai- 400019

Respected Madam,

I am/was a student of your esteemed college. I wish to apply for my college leaving certificate. My particulars are as under. I request you to please issue me with a leaving certificate.

- 1) Name in full Capital letters : \_\_\_\_\_
  - 2) Last attended class: \_\_\_\_\_ Roll No. : \_\_\_\_\_
  - 3) Academic Year : \_\_\_\_\_
  - 4) Examination Details : \_\_\_\_\_  
(Pass or Fail)
  - 5) Month & Year of appearing : \_\_\_\_\_
- 6) Reason for Leaving : a) Financial Difficulty  b) Job  c) Marriage   
 (Kindly Tick) d) Pregnancy  e) Time Management   
 f) Shifting to Native  g) Any Other \_\_\_\_\_

**Enclosed please find self-attested photocopy of the last received Mark – Sheet for Verification.**

Thanking You,

Yours faithfully,

Signature

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**ACKNOWLEDGMENT**

Form No.: _____ Application Date: _____	LC No. _____ Issue Date: _____
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Office Signature: \_\_\_\_\_

Received Signature: \_\_\_\_\_