Samarth Rural Educational Institute's

SAMARTH INSTITUTE OF PHARMACY BELHE.

Approved by P.C.I. New Delhi, D.T.E., Govt. of Maharashtra &
Affiliated to D.B.A.T.U.Lonere & M.S.B.T.E. Mumbai.
On Kalyan Nagar Highway A/P-Belhe, Tal- Junnar, Dist-Pune Pin: 412410
Email:samarthiop@gmail.com, Web: iop.sreir.org

Date- __/ __/ ____

To,
Principal,
Samarth Institute of Pharmacy,
Belhe- 412410.

Sub. : Application for Leaving Certificate.

Respected Sir,

I, **Mr./Ms./Mrs.** _____, have successfully completed/passed out FY / SY / TY / FINAL YEAR **B. Pharm** / FY / S.Y. **M.Pharm- Branch**_____ / **D. Pharm** examination held in the year _____ . As I am leaving the college on completion of my degree/without completion of the course, I kindly request you to issue my Leaving Certificate at the earliest.

My relevant details are as follows:

Date of Birth: [DD/MM/YYYY] (In words: _____

Place of Birth: _____Nationality/Domicile: _____

Last College attended prior to Samarth Institute of Pharmacy, Belhe: _____

_____

Academic Year of Admission in Modern College of Pharmacy: _____.

FY: _____Direct SY: _____Transfer in (SY/TY/FINAL YEAR): _____

M. Pharm: _____BRANCH: _____

Religion: _____ Sub Caste: _____

Category: SC / ST / DTNT / VJNT / OBC / SBC / OPEN (TICK your category)

Year in which last term was attended at Samarth Institute of Pharmacy: _____

Reason for Leaving Certificate: _____.

I am enclosing the following documents for your reference:

a) A copy of the mark list of the last University Examination.

b) A Xerox copy of the receipt of fees paid for the current admission year.

Additionally, I have obtained "No Dues Certificates" from the concerned departments, as required. I request you to kindly process my application at the earliest and issue my Leaving Certificate.

Thanking you in anticipation.

Yours faithfully,

(Signature of the Student) **Signature of Clerk**

[RECEIVED LEAVING CERTIFICATE] Signature of Student

CERTIFICATE ISSUED DATE-__/ __/ ____ ---