

**Pro forma - A**

(To be issued on the Printed Letter Head of the concerned office)

**(For Type – C Candidates)****(For sons and daughters of Central Government / Government of India undertaking employees)****CERTIFICATE**

This is to certify that Shri/Smt..... is an employee in the capacity of ..... in .....  
 (Designation) (Name of the Organization/ Establishment/ Department)

This Organization / Establishment / Department is under .....  
 (Department of Central Government / Government of India undertaking)

Shri/Smt..... is transferred to ..... in Maharashtra State vide transfer order No..... Dated.....

He / She has joined duty in Maharashtra on ..... and is currently working in the same post.

This certificate is issued for the purpose of his/her son/ daughter ..... 's admission to First /Direct Second Year of Diploma course in Engineering and Technology/Architecture/ Pharmacy/HMCT for the academic year 2025-26.

Outward No. &amp; Date:

Place :

( Signature )

Name & Designation  
of the Head of the office

Seal of the Office

Note : This pro forma is to be accompanied by attested copy of :

- 1) Transfer order
- 2) Joining report

**Pro forma B - 1***(To be issued on the Printed Letter Head of the concerned office)***(For Type D Candidates-)****(For sons and daughters of Maharashtra State Government/Maharashtra State Government undertaking employees)****CERTIFICATE**

This is to certify that Shri / Smt. .... is an employee in the capacity of ..... in .....  
 (Designation) (Name of the Organization/ Establishment/ Department)

This Organization/Establishment /Department is under .....

Department of Maharashtra State Government / Maharashtra State Government undertaking.

Shri / Smt. .... is transferred to/from ..... In/out

of Maharashtra State vide transfer order No. .... Dated. ....

He / She has joined duty in/out of Maharashtra State on ..... and is currently working in the same post.

This certificate is issued for the purpose of his/her son /daughter ..... 's admission to First /Direct Second Year of Diploma course in Engineering and Technology/ Architecture/ Pharmacy/HMCT for the academic year 2025-26.

Outward No. & Date :

Place :

(Signature)

Name & Designation  
of the Head of the office

Seal of the Office

Note : This pro forma is to be accompanied by attested copy of :

- 1) Transfer order
- 2) Joining report

**Pro forma B - 2****(For Type D Candidates)****(For sons and daughters of Maharashtra State Government/ Maharashtra State Government undertaking retired employees)****UNDERTAKING**

This is to undertake that I, ..... , have retired from the service from the post of ..... in .....  
 (Designation) (Name of the Organization/ Establishment/ Department)

This Organization / Establishment / Department is under .....

Department of Maharashtra State Government/ Maharashtra State Government undertaking.

I have retired on ..... and settled in ..... taluka ..... district. ....

This undertaking is submitted for the purpose of my son/daughter ..... 's admission to First /Direct Second Year of Diploma course in Engineering and Technology /Architecture/ Pharmacy/HMCT for the academic year 2025-26.

Place :

Date :

Note : This pro forma is to be accompanied by attested copy of:

- 1) Pension Pay Order.
- 2) Proof of settlement (Ration Card/ Electricity Bill/Aadhaar Card/ Telephone Bill/ Property Document/ Election Card).

(Signature)

Name:

**Pro forma - C****(To be issued on the Printed Letter Head of the concerned office)****(For Def-1, Def-2 and Def-3 Candidates)****(For sons and daughters of defense service personnel)****CERTIFICATE**

This is to certify that Shri. / Smt ..... ,  
 (Full Name of the Employee with Rank of the employee)  
 is/has been a member of Armed forces of India. He/ She has put in ..... years of  
 service in Indian Army / Indian Navy / Indian Air Force from ..... to .....  
 and is currently working / retired from services on ..... / permanently disabled since  
 ..... / killed in action on .....

This certificate is issued for the purpose of his/her son/daughter ..... 's  
 admission to First / Direct Second Year of Diploma course in Engineering and Technology/  
 Architecture/ Pharmacy/HMCT for the academic year 2025-26.

Outward No. &amp; Date:

Place :

( Signature)

Name and designation  
 of the Authority not below the rank  
 of Commandant or equivalent /  
 District Sainik Welfare officer

Seal of the Office

*Note:-*

1. This certificate is not to be issued for the Civilian Staff working in the Indian Army/Navy/Airforce.

2. For Def-1 and Def-2 candidates, above pro forma is to be accompanied by attested copy of  
**Domicile certificate of parent who is in active service or ex-serviceman.**

**Pro forma - D***(To be issued on the Printed Letter Head of the concerned office)**(For Def-3 candidates)***(For sons and daughters of Active defense service personnel not domiciled in Maharashtra State)****CERTIFICATE**

This is to certify that Shri/Smt ..... is a member of  
 (Full Name of the Employee with Rank of the employee)

Armed forces of India, and is currently working in Indian Army / Indian Navy / Indian Air Force. Shri/Smt. .... is transferred to ..... (Place of posting) in Maharashtra State vide transfer order No. .... Dated. .... He/She has joined duty in Maharashtra on ..... And is currently working in the same post.  
 (Date of Joining)

This certificate is issued for the purpose of his/her son/daughter ..... 's admission to First /Direct Second Year of Diploma course in Engineering and Technology/ Architecture/Pharmacy/HMCT for the academic year 2025-26.

Outward No. &amp; Date:

Place:

(Signature)

Name & Designation  
 of the Head of the office

Seal of the Office

Note : This pro forma is to be accompanied by attested copy of

1) Transfer order

2) Joining report

*Note: This certificate is not to be issued for Civilian Staff working in the Indian Army/Navy/Air force.***Pro forma - E (To be issued on the Letter Head of the concerned office)***(For Def-3 candidates)***(For sons and daughters of Active defense service personnel not domiciled in Maharashtra State but retained their family accommodation)****CERTIFICATE**

This is to certify that Shri/Smt ..... is a member of  
 (Full Name of the Employee with Rank of the employee)

Armed forces of India, and is currently working in Indian Army / Indian Navy / Indian Air Force. Shri/Smt. .... is presently posted at .....  
 (Place of posting)

His/ Her previous posting was at ..... in Maharashtra State. He/ She has retained family accommodation in ..... in Maharashtra State on account of posting in non-family station / for education purpose of son / daughter.

This certificate is issued for the purpose of his/her son/daughter ..... 's admission to First/Direct Second Year of Diploma course in Engineering and Technology /Architecture/Pharmacy/HMCT for the academic year 2025-26.

Outward No. &amp; Date:

Place:

(Signature)

Name & Designation  
 of the Head of the office

Seal of the Office

*Note:- This certificate is not to be issued for Civilian Staff working in the Indian Army/Navy/Air force.*

**Pro forma – F**  
**(For Persons with Disability Candidates)**

Name and address of the Institute / Hospital:

Certificate No:

Date:

**DISABILITY CERTIFICATE**

This is to Certify that Shri/Smt/Ku.....

Son/daughter/wife of Shri.....

Age ..... Sex ..... Identification mark(s).....

1. Is suffering from permanent disability of following category

A. Locomotors or cerebral palsy

(i) BL-both legs affected but not arms

(ii) BA-Both arms affected (a) Impaired reach (b) Weakness of grip

(iii) BLA-Both legs and both arms affected

(iv) OL-One leg affected (right or left) (a) impaired reach (b) Weakness of grip (c) Ataxic

(v) OA-One arm affected (a) impaired reach (b) Weakness of grip (c) Ataxic

(vi) BH-Stiff back and hips (Cannot sit or stoop)

(vii) MW-Muscular weakness and limited physical endurance

B. Blindness or low vision

(i) B-Blind

(ii) PB-Partially Blind

C. Hearing impairment

(i) D-Deaf

(ii) PD-Partially Deaf

(Delete the category, whichever is not applicable)

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.

Reassessment of this case of not recommended/is recommended after a period of .....years .....Months\*.

3. Percentage of disability in his/her case is ..... percent.

4. Shri./Smt/Ku... Meets the following physical requirements for discharge of his/her duties.

(i)	F-can perform work by manipulating with fingers	Yes/No
(ii)	PP-can perform work by pulling and pushing	Yes/No
(iii)	L-can perform work by lifting	Yes/No
(iv)	KC-can perform work by lifting	Yes/No
(v)	B-can perform work by bending	Yes/No
(vi)	S-can perform work by sitting	Yes/No
(vii)	ST-can perform work by standing	Yes/No
(viii)	W-can perform work by walking	Yes/No
(ix)	SE-can perform work by seeing	Yes/No
(x)	H-can perform work by hearing/speaking	Yes/No
(xi)	RW-can perform work by reading and writing	Yes/No

(Dr. \_\_\_\_\_  
Member Medical Board

(Dr. \_\_\_\_\_  
Member Medical Board

(Dr. \_\_\_\_\_)  
Member/Chairperson Medical Board

\*Strike out which is not applicable

Countersigned by the Medical Superintendent/CMO/  
Head of Hospital (with seal)

Recent  
Photograph of the  
candidate showing  
the disability duly  
attested by the  
chairperson of the  
Medical Board

**Pro forma – F1***To be issued on the **Letter Head** of the concerned office***(For Persons with Disability Candidates)**For Learning Disability Candidates**CERTIFICATE**

Name:.....

Age :.....

Date of Birth:.....

Date of Registration : ..... L.D. No:.....

Father's Name : .....

Std : ..... School Name : .....

Physical &amp; Neurologic Assessment (Date : ..... )

Psychologic Assessment (Date : ..... )

WISC ( R ) Verbal IQ

Performance IQ

Global IQ

Interpretation:

Educational Assessment (Date: ..... )

WRAT : R

S

A

Certified that:

1. The percentage of Challenged is not less than 40% and is equal to .....%.
2. The disability is permanent in nature.
3. The candidate is capable of carrying out all activities related to theory and practical works as applicable to degree course in Engineering/Technology without any special concessions and exemptions.
4. This Certificate is issued as per the provisions given in the Person with Disability Act, 1995 and its amendments.
5. This certificate is issued for the purpose of his/her admission to Diploma course in Engineering/Technology for the year 20..../....

Recommendations:

(Name and Signature  
of Issuing Authority)

Outward No.&amp; Date:

Seal of the Office

Recent  
Photograph of the  
candidate

**Pro forma – F2***To be issued on the **Letter Head** of the concerned office***(For Persons with Disability Candidates)****CERTIFICATE OF DISABILITY**

Certificate No.....

Dated.....

Name of the Designated Disability Center  
.....Recent Passport  
Size Photograph  
of the candidate  
duly attested by  
the issuing  
Authority

This is to Certify that Mr./Mrs/Ms.....  
aged ..... years Son/Daughter of Mr.....  
R/o.....

..... ,  
has the following Disability (Name of the Specified Disability).....  
and has Permanent Physical Impairment (PPI) with the Disability Range (in percentage) of  
.....( in words) ..... (in Figures).

Please tick on the “Specified Disability”

(Assessment may be done on the basis of Gazzete of India, Extraordinary, Part II, Section 3  
Sub-section (ii), Ministry of Social Justice and Empowerment)

S/No	Disability Type	Type of Disability	Specified Disability
1	Physical Disability	A. Locomotor Disability  B. Visual Impairment  C. Hearing Impairment  D. Speech & Language Disability	a. Leprosy cured person b. Cerebral palsy c. Dwarfism d. Muscular dystrophy e. Acid attack victims f. Others such as amputation, Poliomyelitics  a. Blindness b. Low vision  a. Deaf b. Hard of hearing  a. Organic/ Neurological causes
2	Intellectual disability		a. Specific learning disabilities (Perceptual Disabilities, Dyslexia, Dyscalculia, Dyspraxia & Developmental Aphasia b. Autism spectrum disorder
3	Mental Behaviour		a. Mental illness
4	Disability caused due to	a. Chronic Neurological Conditions  b. Blood Disorders	i. Multiple sclerosis ii. Parkinsonism  i. Haemophilia ii. Thalassemia iii. Sickle cell disease

5	Multiple Disabilities including Deaf Blindness		More than one of the above specified disabilities
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Conclusion: He/She is Eligible/Not Eligible for admission in Engineering/Pharmacy/HMCT Courses subject to his being otherwise medically fit.

Sign and Name  
(Concerned Specialist)

Sign and Name  
(Concerned Specialist)

Sign and Name  
(Concerned Specialist)

**Pro forma – F3***To be issued on the **Letter Head** of the concerned office***(For Persons with Disability Candidates)**

(In cases of amputation or complete permanent paralysis of limbs or Dwarfism and in case of blindness)

(Name and Address of the Medical Authority issuing the Certificate)

Certificate No.

Date:

Recent Passport Size  
Attested Photograph  
(Showing Face Only)  
of the person with  
disability.

This is to certify that I have carefully examined Shri/Smt./Kum ...../.....  
..... Son/wife/Daughter of Shri.....  
..... Date of Birth (dd/mm/yyyy)..... Age .....  
Years, male/female..... Registration No. .... permanent resident of  
House No..... Ward/ Village/ Street ..... Post Office.....  
District..... State....., whose photograph is affixed above,  
and am satisfied that:

(A) he/she is a case of:

- locomotor disability
- dwarfism
- blindness

(Please tick as applicable)

(B) the diagnosis in his/her case is .....

1. he/ she has ..... % (in figure) ..... percent (in words) permanent locomotor disability/ dwarfism/ blindness in relation to his/her.....(part of body) as per guidelines ( ..... number and date of issue of the guidelines to be specified).
2. The applicant has submitted the following document as proof of residence

Nature of Document	Date of Issue	Details of authority issuing certificate

(Signature and Seal of Authorised  
Signatory of notified Medical Authority)

Signature/thumb impression of the  
person in whose favour certificate of  
disability is issued

**Pro forma – F4**

*To be issued on the **Letter Head** of the concerned office  
(For Persons with Disability Candidates)*

(In cases of multiple disabilities)

(Name and Address of the Medical Authority issuing the Certificate)

Certificate No.

Date:

Recent Passport Size  
Attested Photograph  
(Showing Face Only)  
of the person with  
disability.

This is to certify that we have carefully examined Shri/Smt./Kum. ....  
..... Son/wife/Daughter of Shri.....  
..... Date of Birth (dd/mm/yyyy)..... Age .....  
Years, male/female..... Registration No. .... permanent resident of  
House No..... Ward/ Village/ Street ..... Post Office.....  
District..... State....., whose photograph is affixed above,  
and am satisfied that:

(A) he/she is a case of Multiple Disability. His/her extent of permanent physical  
impairment/disability has been evaluated as per guidelines ( .....number and date  
of issue of the guidelines to be specified) for the disabilities ticked below, and is shown  
against the relevant disability in the table below:

S. No	Disability	Affected part of body	Diagnosis	Permanent physical impairment/mental disability (in %)
1.	Locomotor disability	@		
2.	Muscular Dystrophy			
3.	Leprosy cured			
4.	Dwarfism			
5.	Cerebral Palsy			
6.	Acid attack Victim			
7.	Low vision	#		
8.	Blindness	#		
9.	Deaf	£		
10.	Hard of Hearing	£		
11.	Speech and Language disability			
12.	Intellectual Disability			
13.	Specific Learning Disability			
14.	Autism Spectrum Disorder			
15.	Mental illness			
16.	Chronic Neurological Conditions			
17.	Multiple sclerosis			
18.	Parkinson's disease			

19.	Haemophilia			
20.	Thalassemia			
21.	Sickle Cell disease			

(B) the diagnosis in his/her case is .....

1. In the light of the above, his/ her over all permanent physical impairment as per guidelines ( .....number and date of issue of the guidelines to be specified), is as follows:

In figures ..... Percent

In words ..... Percent

2. This condition is progressive/non-progressive/likely to improve/not likely to improve.  
3. Reassessment of disability is :

(i) not necessary, or

(ii) is recommended/after ..... years ..... months, and therefore this certificate shall be valid till ...../...../.....

(dd) (mm) (yyyy)

@ e.g. Left/right/both arms/legs

# e.g. Single eye

£ e.g. Left/Right/both ears

4. The applicant has submitted the following document as proof of residence

Nature of Document	Date of Issue	Details of authority issuing certificate

5. Signature and seal of the Medical Authority

Name and Seal of Member	Name and Seal of Member	Name and Seal of the Chairperson

Signature/thumb impression of the person in whose favour certificate of disability is issued

**Pro forma - G1***(To be issued on the Printed Letter Head of the concerned office)***(For Candidates residing in Karnataka and Maharashtra State Border Area)**CERTIFICATE

This is to certify that Shri/Smt.....  
 (Candidate himself/ herself) is a resident of ..... Village in ..... Taluka  
 ..... District.

This certificate is issued for the purpose of his / her ward's / candidate's admission to First  
 /Direct Second Year of Diploma course in Engineering and Technology /Architecture  
 /Pharmacy/ HMCT for the academic year 2025-26.

Outward No. &amp; Date :

District Collector/ Deputy Commissioner/  
 District Magistrate/Additional District Magistrate/  
 Taluka Executive Magistrate

Place :

Seal

**Pro forma - G2***(To be issued on the Letter Head of the concerned School/Collage)***(For Candidates residing in Karnataka and Maharashtra State  
Border Area and having Mother tongue as Marathi )**CERTIFICATE

This is to certify that Mr. /Miss .....  
 is a student of this school / College. His / Her mother tongue is Marathi and he / she has passed  
 SSC/ HSC examination with Marathi as one of the subjects.

This certificate is issued for the purpose of his/ her admission to First /Direct Second Year of  
 Diploma course in Engineering and Technology / Architecture / Pharmacy/HMCT for the  
 academic year 2025-26.

Outward No. &amp; Date:

Place:

Head Master /Principal  
 School/ College

Seal of the School / College

**Pro forma – J***(To be issued on the **Letter Head** of the concerned office)***( For sons and daughters of Defence / Paramilitary force / I.A.S. / I.P.S. / I.F.S. / J& K Police officials posted in Union Territory of Jammu and Kashmir and Ladakh to combat terrorist activities )**CERTIFICATE

Ref. No.

Date:

This is to certify that Shri / Smt .....is an official belonging to Defense / Paramilitary force / I.A.S. / I.P.S. / I.F.S. / J& K Police presently posted and working at.....which is treated as disturbed area in Union Territory of Jammu and Kashmir and Ladakh.

This certificate is issued for the purpose of his/her son/daughter ..... 's admission to First /Direct Second Year of Diploma course in Engineering and Technology/ Architecture /Pharmacy/HMCT for the academic year 2025-26.

Outward No. & Date:  
Place :

Head of the Office

Seal of the Office

**Proforma – K***(To be issued on the **Letter Head** of the concerned office)***(For Union Territory of Jammu and Kashmir and Ladakh Migrant Candidates staying in refugee camps)**CERTIFICATE

Ref. No.

Date:

This is to certify that Mr./ Miss ..... belongs to a family residing in this refugee camp after being displaced after 1990 due to terrorist activities in Union Territory of Jammu and Kashmir and Ladakh. The detail of refugee status is as under.

Ration card Number:

Name of the members on the ration card:

This certificate is issued for the purpose of his / her admission to First /Direct Second Year of Diploma course in Engineering and Technology/Architecture/Pharmacy/HMCT for the academic year 2025-26.

Outward No. & Date:  
Place:

Name & Signature of Head of the Office  
Migrant/Refugee Camp

Seal of the Office

**Pro forma – L***(To be issued on the **Letter Head** of the concerned office)**(For Refugees staying with relatives)***(Displaced Union Territory of Jammu and Kashmir and Ladakh Candidates staying with relatives / friends in India other than Migrant / Refugee camp)**CERTIFICATE

Ref. No.

Date:

This is to certify that Mr./Miss ..... is a displaced person from Union Territory of Jammu and Kashmir and Ladakh after 1990 due to terrorist activities in Union Territory of Jammu and Kashmir and Ladakh. He/ She is staying with

.....

(Name and complete address of the Person with whom the candidate is staying at present)

..... since past years.

This certificate is issued for the purpose of his / her admission to First /Direct Second Year of Diploma course in Engineering and Technology /Architecture/ Pharmacy/ HMCT for the academic year 2025-26.

Outward No. &amp; Date :

Name &amp; Signature of District Collector

Place :

Seal of the Office

**Pro forma – M***(To be issued on the **Letter Head** of the concerned office)***(For Children's of Kashmiri Pandits / Kashmiri Hindu families (Non Migrants) living in the Kashmir valley and having domicile certificate.)**CERTIFICATE

Ref. No.

Date:

This is to certify that Mr./Miss ..... is a son/daughter of ..... who is Kashmiri Pandits / belongs to Kashmiri Hindu families (Non Migrants) and living and domiciled in the Kashmir valley.

This certificate is issued for the purpose of his / her admission to First /Direct Second Year of Diploma course in Engineering and Technology /Architecture/ Pharmacy/ HMCT for the academic year 2025-26.

Outward No. &amp; Date :

Name &amp; Signature of District Collector

Place :

Seal of the Office

**Pro forma - N**

***(Candidate who has secured admission in any other institute shall produce certificate indicating his/ her original Leaving Certificate retained with the previous institute)***

This is to certify that Shri. / Ku. ....  
(Full name of the Candidate) has admitted and studying in this institute .....  
..... (Name of the Institute) in.....  
Branch. His /her original leaving certificate is retained by this institute. A copy of leaving certificate is attested by this institute, is enclosed.

This certificate is issued for the purpose of his / her admission to First / Direct Second year Diploma course in Engineering / Technology / Architecture / Pharmacy/ HMCT for the academic year 2025-26.

Date :

Place :

Seal of the Institute/Office  
(Mandatory)

(Signature)  
Name & Designation of  
the Head of the Office

**Pro forma – O**  
(For seats under Minority Quota)

**MINORITY COMMUNITY STUDENT'S SELF DECLARATION**

I, ..... Son/Daughter/of .....  
Resident of (full address).....  
..... hereby declare that

I belong to the Muslim / Sikh / Christian / Buddhist / Jain / Zoroastrian (Parsi)\* religious  
minority community  
and / or

as my mother tongue is not mentioned in my leaving/Transfer certificate for deciding my  
candidature under linguistic minority status. I under take that my mother tongue is  
.....

I undertake to submit the relevant document supporting my claim for belonging to minority  
community as per Government Resolution minority department No. अवि वि -२०१०/प्र.क्र.  
१०९/१०/कार्या-५, दिनांक ०१.०७.२०१३ at the time of admission to the admitted institute.

Date :.....

Signature of Candidate: .....

Place:.....

Name of Candidate: .....

(\*strike out whichever is not applicable)

Minority Institute and Candidate Belonging to the Religious/ Linguistic Minority Category		
Sr.No	Minority Institute Status	Minority Candidates Who can apply for Minority Quota
1	Linguistic Minority - Gujarathi	Linguistic Minority - Gujarathi
		Linguistic Minority - Gujarathi(Jain)
		Linguistic Minority - Gujarathi(Kutchhi)
2	Linguistic Minority - Gujarathi(Jain)	Linguistic Minority - Gujarathi
		Linguistic Minority - Gujarathi(Jain)
3	Linguistic Minority - Gujarathi(Kutchhi)	Linguistic Minority - Gujarathi(Kutchhi)
4	Linguistic Minority - Hindi	Linguistic Minority - Hindi
		Linguistic Minority - Hindi(Bhojpuri)
5	Linguistic Minority - Kannada	Linguistic Minority - Kannada
6	Linguistic Minority - Malyalam	Linguistic Minority - Malyalam
7	Linguistic Minority - Punjabi	Linguistic Minority - Punjabi
8	Linguistic Minority - Sindhi	Linguistic Minority - Sindhi
9	Linguistic Minority - Tamil	Linguistic Minority - Tamil
10	Religious Minority - Buddhist	Religious Minority - Buddhist
11	Religious Minority - Christian	Religious Minority - Christian
		Religious Minority - Christian ( Roman Catholics)
12	Religious Minority - Jain	Religious Minority - Jain

13	Religious Minority - Muslim	Religious Minority - Muslim
14	Religious Minority - Roman Catholics	Religious Minority - Christian ( Roman Catholics)
15	Religious Minority - Sikh	Religious Minority - Sikh
16	Religious Minority (Jain) & Linguistic Minority(Gujarathi)	Linguistic Minority - Gujarathi
		Linguistic Minority - Gujarathi(Jain)
		Linguistic Minority - Gujarathi(Kutchhi)
		Religious Minority - Jain
17	Religious Minority - Parsi	Religious Minority - Parsi
18	Religious Minority Muslim & Linguistic Minority Urdu	Linguistic Minority – Urdu
		Religious Minority - Muslim
19	Religious Minority - Zoroastrian	Religious Minority – Zoroastrian
20	Linguistic Minority - Gujar	Linguistic Minority – Gujar
21	Religious Minority – Parsi / Gujarathi	Religious Minority – Parsi
		Linguistic Minority - Gujarathi
		Linguistic Minority - Gujarathi(Jain)
		Linguistic Minority - Gujarathi(Kutchhi)

**Pro forma-T**

This certificate shall be issued on letter head of institute

Ref. No.

Date:

**NO OBJECTION CERTIFICATE FROM PARENT INSTITUTE**

This is to Certify that Mr/Ms.....has passed I<sup>st</sup> Sem. & II<sup>nd</sup> Sem. / first year (full pass / with one ATKT) during year 20 - , Diploma in..... He is seeking admission to Second Year (3<sup>rd</sup> Semester) in ...../DTE..... institute code through Change of Institute. I have No Objection if /she get Admission in that Institute.

Seal of institute

Principal

This certificate shall be issued on letter head of institute

Ref. No.

Date :

**NO OBJECTION CERTIFICATE FROM ADMITTING INSTITUTE**

This is to Certify that Mr/Ms.....has passed I<sup>st</sup> Sem. & II<sup>nd</sup> Sem. / first year (full pass / with one ATKT) during year 20 - , Diploma in..... from institute ..... He is seeking admission to Second Year (3<sup>rd</sup> Semester) in course ..... We have no objection for his /her transfer to our institute. No of vacancies in .....course are ..... excluding 10% additional seats for direct second year admission.

Seal of institute

Principal

**APPLICATION FORMAT FOR ADMISSION BY TRANSFER**

1. Name of the Student (In Full) : .....
2. Address for Correspondence with : .....  
Pin Code and Telephone Number .....
3. Institute and Semester where : .....  
Currently Studying .....
4. Details of the Result of Last Exams

Branch	Year/ Semester	Year of Passing	Summer/ Winter	Full pass /pass with one ATKT	Percentage
1	2	3	4	5	6

5. Institute where admission by transfer is sought: .....
6. Branch & Year /Semester in which admission: Branch.....  
Year/Semester ..... is sought.
7. Reason for asking the transfer of Institutes and Change of branch (if any):  
.....  
.....

I the undersigned state that the information stated above is true to my knowledge and belief. I am fully aware that transfer / change of institute / branch is not a right and if is upto the authority to decide my case on the basis of its merit.

Date :

Signature of Student

Documents attached:

1. All Marksheets,
2. NOC's ,
3. 1<sup>st</sup> year Admission receipt,
4. Document related to reason for asking transfer etc