

TRANSFER CERTIFICATE APPLICATION FORM

Name (Candidate's Name & Address)

Shashidhara K

#54, 3rd Cross, Anandharanga, Hosdakoppa, Bangalore - 560072

The Principal,

The Oxford College of Science, HSR Layout Bangalore

Through the Chairman Department of Microbiology & Biotechnology Bangalore University Bangalore - 560 056

Sir/Madam

I have been provisionally admitted to

M.Sc

Course in the Department of

Bangalore University, Bangalore - 560 056. I request you kindly to

Microbiology

send my Original Transfer Certificate to the Chairman, Department of Microbiology & Biotechnology Bangalore University, Bangalore - 560 056. The previous particulars are given below for your reference; if

I have to pay any arrears to the College, the same may please be communicated to my address.

1 Name of the Applicant

Shashidhara K

2 Year of joining the College

2011

3 Class & Section to which admitted

B.Sc Bc2MB

4 Examination passed

Reg. No. 12BMS544 Year 2010

5 Any other information

Forwarded with Compliments to

No. BU :

Dated : 24/2/2012

Signature of the applicant

Yours truly
[Signature]

With a request to send the duly filled Original Transfer Certificate and Migration Certificate (if any) of

the above candidate to the Chairman, Department of Microbiology & Biotechnology Bangalore University, Bangalore - 560 056, as the candidate has been admitted to

Course in the Department.



Chairman

Department of

Department of Microbiology

& Biotechnology

Bangalore University

Bangalore - 560 056

7882-BU-F-2000-400 2012

DATE

22/02/2012