[Name of th		emed to be University with full address] (In Capita ers)	al
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of Science/Bachelor in years tenur in above sai It is also cell holder amowho appear stipulated to	tre of	org of Roll Number/Reg. Number ong no. of students in the Masterinary/Medicine/Pharmacy program during the transfer. It is the topp on not in specialization only. The University & its other constituent colleger and also completed the course with	er ter OR wo per ank ges)
Date:	Controller of Examination	Registrar	
	(Signature with Seal)	(Signature with Seal)	