



K. M. COLLEGE OF PHARMACY

Uthangudi, MADURAI-625 107

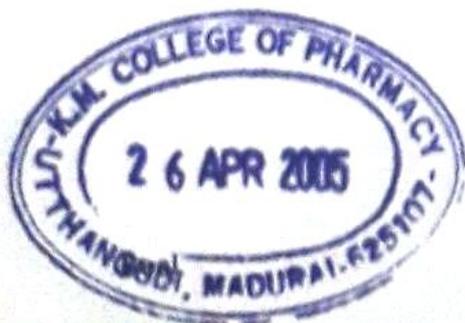
TRANSFER CERTIFICATE

Serial No 2149

1. Name of the Student
2. Name of the Father
3. Date of birth as entered in the Admission Register
4. Nationality, Religion, Caste
5. Year and month in which he/she was admitted to the College
6. Class in which he/she was studying at the time of leaving the College
7. Whether qualified for promotion to higher class
8. i) Date of completion of I D. Pharm
ii) Date of completion of ~~H.D. Pharm/~~
~~Final B. Pharm/~~ Final M. Pharm
9. Whether the student has paid all fees due to the College and the Hostel
10. Whether he/she returned all Library books
11. Conduct
12. Date of application for Transfer Certificate

... D. SHANKAR
... V. DURAIRAJ
... 30.05.1979
... INDIAN; HINDU; —
... may-2002
... Final M. Pharm
... Yes
... —
... march-2004
... Yes
... Yes
... Good
... 26.04.2005

Date _____



M.S. Prakash
PRINCIPAL
K.M. COLLEGE OF PHARMACY
UTHANGUDI
Metur Road, MADURAI-625 107.