



Original

BHARATHIDASAN UNIVERSITY

TIRUCHIRAPPALLI – 620 024

TRANSFER CUM CONDUCT CERTIFICATE

1. Name of the Student **PRITHA RAJI A**
2. Date of Birth (as entered in the +2 / equivalent certificate) **27-09-2000**
Twenty Seven September Two Thousand
3. Name of the Father or Mother **S. AYYANAR**
4. Sex (Male / Female) **Female**
5. Date of Admission **23-08-2021**
6. Name of the Programme in which the student was studying at the time of leaving **M. Sc. Biotechnology**
7. Duration of the Programme **2021-2023**
8. Whether the student has paid all the fees due to the University **Yes**
9. Whether the student has returned all the books taken from the University Department & University Library **Yes**
10. Whether the Candidate has completed the Programme **Refer Mark Statement**
11. Date of which the student actually left the Department **04-07-2023**
12. The Student's Conduct and Character **GOOD**
13. Date of the Transfer Certificate **05-09-2023**
14. Signature of the Student 




FOR REGISTRAR