



UNIVERSITY OF KERALA
DEPARTMENT OF MATHEMATICS
THIRUVANANTHAPURAM



Book No. **1**

Serial No. **39**

TRANSFER CERTIFICATE

Transfer Certificate No. : **32/MAT/2023**
Name of Student in full : **Irene Joseph**
Date of birth as enrolled in Admission Register : **31.05.2000**
Number on Admission Register : **MAT 34/2021**
Admitted on..... **08.12.2021** in to Class **S₁, M.Sc.**
Left on..... **18.08.2023** from Class **S₄, M.Sc.**
Course of Study Completed : **M. Sc. Mathematics**
Whether qualified for promotion to a higher class : **Refer Mark List**
Whether all fees and other dues have been paid : **Yes**
Name of the examination of the University for which the student has been last presented from this Department : **M.Sc. Mathematics**
Register Number of the student and date of Examination : **83721612016**
Reasons for leaving : **Course Completed**
Proceeding to : **Nil**
Conduct : **Good**
Place : **Kariavattom**
Date : **18.08.2023**


Head of the Dept. of Mathematics
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