



INSTITUTE OF CORRESPONDENCE EDUCATION
UNIVERSITY OF MADRAS
TRANSFER CERTIFICATE

ENROLMENT NUMBER	SERIAL NUMBER
X1PPY14233	294

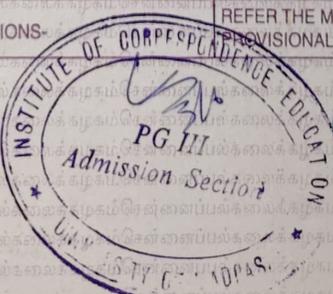
NAME OF THE CANDIDATE	
SHANKAR S	
NAME OF FATHER / MOTHER / GUARDIAN	
SRINIVAASAN G	
DATE OF BIRTH	
IN FIGURES	IN WORDS
11-09-1976	ELEVENTH SEPTEMBER NINETEEN SEVENTY SIX

EVIDENCE OF DATE OF BIRTH : TC/SSLC BOOK/BIRTH CERTIFICATE/STATEMENT OF MARKS		
NATIONALITY	RELIGION	SOCIAL STATUS :- OC / BC / MBC / SC-ST
INDIAN	[]	[]
MONTH & YEAR OF ADMISSION	COURSE OF STUDY	
JULY 2001	M.Sc. PSYCHOLOGY	
CONDUCT AND CHARACTER		
SATISFACTORY		
YEAR OF STUDY AT THE TIME OF LEAVING THE INSTITUTE	FIRST YEAR	COURSE COMPLETED COMPLETED / DISCONTINUED
	SECOND YEAR	
	THIRD YEAR	

MONTH & YEAR OF LEAVING THE INSTITUTE	MAY 2003
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WHETHER PASSED THE EXAMINATIONS	REFER THE MARK STATEMENTS AND PROVISIONAL / DEGREE CERTIFICATE
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I.C.E. BUILDINGS,
CHENNAI - 600 005.
DATED 3 JUN 2003



[Signature]
DIRECTOR