

Government of Tamil Nadu
Department of Collegiate Education
TRANSFER CUM CONDUCT CERTIFICATE



Serial No . **3357**

Admission No . **16853**

1. (a) Name of the College : **THE STANDARD FIREWORKS RAJARATNAM COLLEGE FOR WOMEN, SIVAKASI.**
 (NATIONALLY REACCREDITED WITH A GRADE BY NAAC)
- (b) Name of the District : **VIRUDHUNAGAR DISTRICT.**
2. Name of the Pupil (In BLOCK LETTERS) (as entered in +2 or equivalent certificate) : **THENMOZHI.T**
3. a) Name of the Father : **THAMILSELVAN**
 b) Name of the Mother : **ILANGAMMAL.T**
4. Nationality, Religion and Caste : **INDIAN, HINDU, NADAR**
5. Community (SC/ST/OC/BC/MBC/DNC) : **BC**
6. Sex : **Female**
7. Date of Birth as entered in the Admission Register (in figures and words) : **16-Jun-1989**
 (SIXTEEN JUNE ONE THOUSAND NINE HUNDRED EIGHTY-NINE)
8. Personal Marks of Identification :
- a) A MOLE 2" ABOVE THE RIGHT WRIST.
- b) A MOLE JUST BELOW THE RIGHT ELBOW.
9. Date of admission and Class in which admitted : **23-Jul-2009 I MASTER OF ARTS IN ENGLISH**
10. a) Class in which the pupil was studying at the time of leaving : **II MASTER OF ARTS IN ENGLISH**
 b) The Course Offered Main : **BRANCH XII (b) ENGLISH MAIN**
 c) Ancillary : **NIL.**
11. Whether the student has paid all the fees due to the College : **YES**
12. Whether the student was in receipt of any Scholarship (Nature of the scholarship to be specified) or any Educational Concessions : **YES, BC SCHOLARSHIP**
13. Whether the student has undergone Medical Inspection if any, during the academic year (first or repeat to be specified) : **NIL**
14. Date on which the student actually left the college : **30-Mar-2011**
15. The Student's Conduct and Character : **GOOD**
16. Date on which application for Transfer Certificate was made on behalf of the Student by her parents or guardian : **30-Mar-2011**
17. Date of the Transfer Certificate : **30-Mar-2011**
18. Course of Study:-

Academic Year	Class Studied	First Language	Medium of Instruction
2009-2011	M.A. ENGLISH		
-	-	-	English
-	-	-	-

19. Signature of the Principal with date and College Seal :

T. Irulappan
 18/5/2012

D. Sasireka
 30/3/11

T. IRULAPPAN, M.A., M.A., M.A., M.Ed., M.Phil.

Dr. D. SASIREKA

1. Erasures and unauthenticated of fraudulent alterations in this certificate will lead to its cancellation.
2. Should be signed in ink by the Head of the Institution and he/she shall be held responsible for the correctness of the particulars recorded against the student.
3. I hereby declare that the particulars recorded against the student are correct and that no change will be made by me in future.

[Signature]
 Signature of the Parent / Guardian

Government of Tamil Nadu
Department of Collegiate Education
TRANSFER CUM CONDUCT CERTIFICATE



Serial No . **6065**

Admission No . **6843**

1. (a) Name of the College : **THE STANDARD FIREWORKS RAJARATNAM COLLEGE FOR WOMEN, SIVAKASI.**
(NATIONALLY REACCREDITED WITH A GRADE BY NAAC)
 COLLEGE WITH POTENTIAL FOR EXCELLENCE BY UGC
- (b) Name of the District : **VIRUDHUNAGAR DISTRICT.**
2. Name of the Pupil(**In BLOCK LETTERS**)
(as entered in +2 or equivalent certificate) : **THENMOZHI T**
3. a) Name of the Father : **THAMILSELVAN**
 b) Name of the Mother : **ILANGAMMAL T**
4. Nationality, Religion and Caste : **INDIAN, HINDU, NADAR**
5. Community (**SC/ST/OC/BC/MBC/DNC**) : **BC**
6. Sex : **Female**
7. Date of Birth as entered in the Admission Register (in figures and words) : **16-Jun-1989**
(SIXTEEN JUNE ONE THOUSAND NINE HUNDRED EIGHTY-NINE)
8. Personal Marks of Identification :
- a) A MOLE 2" ABOVE THE RIGHT WRIST
- b) A MOLE JUST BELOW THE RIGHT ELBOW
9. Date of admission and Class in which admitted : **18-Jun-2012 I MASTER OF PHILOSOPHY IN ENGLISH**
10. a) Class in which the pupil was studying at the time of leaving : **I MASTER OF PHILOSOPHY IN ENGLISH**
 b) The Course Offered Main : **ENGLISH**
 c) Ancillary : **NIL**
11. Whether the student has paid all the fees due to the College : **YES**
12. Whether the student was in receipt of any Scholarship (Nature of the scholarship to be specified) or any Educational Concessions : **NIL**
13. Whether the student has undergone Medical Inspection if any,during the academic year (first or repeat to be specified) : **NIL**
14. Date on which the student actually left the college : **10-Apr-2013**
15. The Student's Conduct and Character : **GOOD**
16. Date on which application for Transfer Certificate was made on behalf of the Student by her parents or guardian : **20-Apr-2013**
17. Date of the Transfer Certificate : **20-Apr-2013**

18. Course of Study:-

Academic Year	Class Studied	First Language	Medium of Instruction
2012-2013	M.Phil. English	NIL	English
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19. Signature of the Principal with date and College Seal :

Dr. Sasireka
20/4/13
Dr. D. SASIREKA
PRINCIPAL.
 The Standard Fireworks Rajaratnam
 College for Women,
SIVAKASI.

1. Erasures and unauthenticated or fraudulent alterations in the certificate will lead to its cancellation.
2. Should be signed in ink by the Head of the Institution who will be hold responsible for the correctness of the entries.
3. I hereby declare that the particulars recorded against items 2 to 8 are correct and that no change will be demanded by me in future.

[Signature]
Signature of the Parent / Guardian