


BELL
INSTITUTE



(A COLLABORATIVE INSTITUTION APPROVED BY ALAGAPPA UNIVERSITY)
TRANSFER CERTIFICATE

Serial No. : 01124

Register No : 209060043

1. Name of the Student
(in Block Letters) : **SUVISESHA SUTHAN D**
2. Name of the Parent / Guardian : **S DEVASAGAYAM**
3. Nationality, Religion and caste : **Indian, Christian**
- 4 .Community : **(Refer to the Community Certificate issued by the Competent authorities)**
5. Sex : **Male**
6. Date of Birth
(as entered in the Admission Register in figures and words) : **27-02-2000 (TWENTY SEVEN FEBRUARY TWENTY)**
7. Personal Marks of Identification : **a) A SCAR ON THE FORE HEAD
b) A BLACK MOLE ON THE LEFT HAND**
8. Date of admission and Program in which Admitted : **16-10-2020 and MBA in HM & CS**
9. Date of Leaving : **26-05-2022**
10. Conduct of the Student : **GOOD**
11. Whether the student is qualified for promotion to higher class : **REFER THE MARK STATEMENT**
12. Reason for Leaving : **PROGRAMME COMPLETION**



Note:

1. Erasures and unauthenticated or fraudulent alterations in the certificate will lead to its cancellation.
2. The issuing institution is responsible for the correctness of the entries.

Declaration by the Parent or Guardian

I hereby declare that the particulars recorded against items, 1 to 9 are correct and that no change will be demanded by me in future.

Signature of the Parent /Guardian

For Technology : (Hotel Management & Technology)

Signature of the Principal with date and institution seal

Bell Institute of Hotel Management & Catering Technology

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