

REQUISITION FOR TRANSFER CERTIFICATE

TC

From :

SDE Campus

Date :

Cell No.

To

The Director
School of Distance Education
Andhra University, Visakhapatnam - 530 003

Sir,

I Studied/Studying - B.A./B.Com./B.Sc./
M.A./M.Com./M.Sc./PG Diploma inin your School. I have paid Tuition Fees for the
study period. Hence, I request you to kindly arrange to issue my TC. My Particulars are given below :

PARTICULARS :

Name (IN BLOCK LETTERS) :

I.D. Card No. :
(with years)

Date of Birth :

Course :

Father's Name :

D.D. No. :

Date :

Yours faithfully

Encl : All Xerox Copies : Provisional Certificate, S.S.C. Certificate & ID Card.

FOR OFFICE USE ONLY

To	1. Date of Birth	:
The Superintendent	2. Date of Joining	:
Examination Section	3. Group	:
	4. T.F. Dues Particulars	:
	5. Course Completed/ Discontinued	:

Sir,

Please issue Certificate of the Candidate and send it to
me for delivery to the Candidate.

Date :

Time :

Learner Interface