

Date: / /

From

Name : _____

Address: _____

Mobile No.: _____

To,
The Director
AKIMSS,
Solapur

Subject: Application for Transcript Certificate

Respected Sir,

I _____ University
PRN No. _____ has completed _____ for the academic
year _____ in your college. I require Transcript Certificate from the
Institute for _____ purpose.

So kindly request you to consider this application and issue Transcript
Certificate.

Thanking you,

Yours faithfully,

Student Name and Signature: _____

Clearance Certificate

Sr. No.	Section	Remark	Signature
01	Accounts		
02	Library		
03	Administrative Office		
04	Alumni Coordinator		

Director's Remark