



INSTITUTE OF AERONAUTICAL ENGINEERING (Autonomous)

Dundigal- 500 043, Hyderabad

FORM OF APPLICATION FOR TRANSFER CERTIFICATE

Date: _____

Name of the Student (As per SSC records)	:								
Roll. No	:								
Branch	:								
Class and Section	:								
Specialization (For M.Tech)	:								
Address for Correspondence	:								
Phone Number:									
E-mail ID:									
Date of Birth	:								
Gender (Male / Female)	:								
Category (tick the appropriate box)	:	OC	BC-A	BC-B	BC-C	BC-D	BC-E	SC	ST
Name of Father (As per SSC records)	:								
Name of Mother (As per SSC records)	:								
Date of Admission	:								
Date of last attendance in the class	:								
Month & Year of the Degree Examination	:								
Whether completed the Course and Passed / Failed (Attested copy of the Consolidated Mark list / PC should be attached)	:								
Whether all dues to the College / Institute have been paid	:								
Signature of the Student	:								

For Office Use Only:

TC Number and Date Issued:	
Prepared By:	Checked By:

Remarks and Signature of the Administrative Officer:

Remarks of the Principal: TC may be issued / rejected

PRINCIPAL