



INSTITUTE OF SCIENCE & TECHNOLOGY FOR ADVANCED STUDIES & RESEARCH

APPLICATION FOR TRANSFERENCE CERTIFICATE (T.C)

DATE:

**TO
THE PRINCIPAL
ISTAR,
VALLABH VIDYANGAR**

SIR,

I,THE UNDERSIGNED,REQUEST YOU TO ISSUE ME THE TRANSFERENCE CERTIFICATE

1.NAME OF THE STUDENT:MR/MISS _____
(NAME) (FATHER'S NAME) (SURNAME)

2.CLASS&ACADEMIC
YR.LAST ATTENDED: _____
(CLASS &DIVISION) (ROLL NO) (ACADEMIC YEAR)

3.LAST APPEARED EXAMINATION: RESULT:PASSED (ATTACH XEROX COPY OF ALL MARKSHEET & DEGREE

4.SEAT NO:_____ YEAR:_____

5.DATE OF BIRTH:_____

DATE:

SIGNATURE OF THE STUDENT

ADDRESS:_____

PAY T.C FEE CONTER NO:_____ DATE:_____ AMOUNT_____

OFFICE IN-CHARGE

PRINCIPAL



INSTITUTE OF SCIENCE & TECHNOLOGY FOR ADVANCED STUDIES & RESEARCH

APPLICATION FOR TRANSCRIPT

DATE:

**TO
THE PRINCIPAL
ISTAR,
VALLABH VIDYANGAR**

SIR,

I, THE UNDERSIGNED, REQUEST YOU TO ISSUE ME _____ COPIES OF TRANSCRIPT.

1. NAME OF THE STUDENT: MR/MISS _____
(NAME) (FATHER'S NAME) (SURNAME)

2. CLASS & ACADEMIC
YR. LAST ATTENDED: _____
(CLASS & DIVISION) (ROLL NO) (ACADEMIC YEAR)

3. LAST APPEARED EXAMINATION: RESULT PASSED (ATTACH XEROX COPY OF ALL MARK SHEET & DEGREE)

4. SEAT NO: _____ YEAR: _____

DATE: _____ SIGNATURE OF THE STUDENT _____

ADDRESS: _____

RECEIPT NO: _____ DATE: _____ AMOUNT _____

OFFICE IN-CHARGE

PRINCIPAL



INSTITUTE OF SCIENCE & TECHNOLOGY FOR ADVANCED STUDIES & RESEARCH

APPLICATION FOR MEDIUM OF INSTRUCTION

**TO,
THE PRINCIPAL
ISTAR
VALALBH VIDYANAGAR-388120**

DATE: / /

DEAR SIR,

I, THE UNDERSIGNED, REQUEST YOU TO ISSUE ME

1. NAME OF THE STUDENT:

MR./MISS _____
(NAME) (FATHER'S NAME) (SURNAME)

2. CLASS & ACADEMIC
YEAR LAST ATTENDED/

(CLASS & DIVISION) (ROLL NO) (ACADEMIC YEAR)

ADDRESS: _____

SIGNATURE OF THE STUDENT

HOD

OFFICE IN-CHARGE

PRINCIPAL



INSTITUTE OF SCIENCE & TECHNOLOGY FOR ADVANCED STUDIES & RESEARCH

APPLICATION FOR NO BACKLOG

**TO,
THE PRINCIPAL
ISTAR
VALALBH VIDYANAGAR-388120**

DATE: / /

DEAR SIR,

I, THE UNDERSIGNED, REQUEST YOU TO ISSUE ME

1. NAME OF THE STUDENT:

MR./MISS _____
(NAME) (FATHER'S NAME) (SURNAME)

2. CLASS & ACADEMIC

YEAR LAST ATTENDED/ _____
(CLASS & DIVISION) (ROLL NO) (ACADEMIC YEAR)

ADDRESS: _____

SIGNATURE OF THE STUDENT

HOD

OFFICE IN-CHARGE

PRINCIPAL



**INSTITUTE OF SCIENCE & TECHNOLOGY FOR ADVANCED STUDIES & RESEARCH
APPLICATION FOR RECOMMENDATION LETTER**

**TO,
THE PRINCIPAL
ISTAR
VALALBH VIDYANAGAR-388120**

DATE: / /

DEAR SIR,

I, THE UNDERSIGNED, REQUEST YOU TO ISSUE ME

1. NAME OF THE STUDENT:

MR./MISS _____
(NAME) (FATHER'S NAME) (SURNAME)

2. CLASS & ACADEMIC

YEAR LAST ATTENDED/ _____
(CLASS & DIVISION) (ROLL NO) (ACADEMIC YEAR)

ADDRESS: _____

RECOMMENDATION LETTER

1. PRINCIPAL

YES / NO

FACULTY NAME

INITIAL

A _____

B _____

C _____

D _____

PRINCIPAL

SIGNATURE OF THE STUDENT