Application for Transfer Certificate (MDS)

Name:- _____

MDS Batch: - _____

Date:- _____

Mob. No.:- _____

To,
The Dean
Govt. Dental College & Hospital,
Jamnagar.

Subject:- Request For Transfer Certificate

Respected,

I _____ Have Completed/Cancelled MDS from this institute in Year _____. I need a Transfer Certificate for _____ Purpose.

So, I kindly request you to issue me a Transfer Certificate for _____ Purpose.

1. Name as per Marksheet :-
2. Caste & Subcaste :-
3. Date of Birth :-
4. Place of Birth :-
5. 4th BDS Passing Month & Year :-
6. MDS Passing Month & Year :-
7. College Joining Date :-
8. MDS Period :-

Thanking You,

Yours Faithfully

(_____)

Enclosures:-

1. Last School/College Leaving Certificate (TC)
2. 4th BDS Marksheet
3. BDS Internship Completion certificate
4. MDS Admission Order/Allotment Later
5. MDS Part-1 & Part-2 Marksheet