



St. Anne's Degree College for Women
Halasuru, Bangalore-560 008

Application for Certificate

Date: _____

Name of the Student: _____

Register No : _____ Class _____

Name of the Father: _____

Name of the Mother: _____

Religion : _____ Caste: _____

Date of Birth : _____ Year of Admission _____

Res. Address : _____

Phone No: _____ E-mail id _____

CERTIFICATE REQUIRED

Transfer Certificate ☐

Course Completion Certificate ☐

Bonafide Certificate ☐

Character Certificate ☐

No Due Certificate ☐

Fee Bifurcation ☐

No objection Certificate ☐

Duplicate Fee Challan ☐

Reason: _____

Signature of the Student

Signature of the Parent

(OFFICE USE)

Fee paid Receipt No: _____ Rs. _____ Date _____

Signature of the Staff in charge

Librarian

PRINCIPAL