

SIMSR/Transfer/ /2015-16.

Date:-

To,
The Principal

Sub: Transfer Certificate

Mr/Ms..... .of Class..... Div..... Roll No.

Year of your institute /college has taken admission in this Institute for the two year full time course in Master of Management Studies (MMS) of Mumbai University for the academic year 2015-2016. You are requested to issue the Transfer Certificate, to complete the enrollment procedure at the earliest.

Thanking you,

Yours Truly,

Dr. Amit Oak

Director

