

SIMSR/Transfer/ /

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 2018-2019. You are requested to issue the Transfer Certificate, to complete the enrollment procedure at the earliest.

Thanking you,

Yours Truly,

Dr. Amit Oak

Director