To. The Principal Karim City College **JAMSHEDPUR** Sir. I am in need of COLLEGE LEAVING CERTIFICATE / TRANSFER CERTIFICATE for the Purpose mentioned below. I therefore, request you to kindly issue me the same. Reason Your's faithfully. Signature of the student Signature of Guardian Class______Roll_____Session____ Date: DUES CLEARANCE CERTIFICATE FOR THE STUDENTS WHICH WILL BE ISSUED FROM THE FOLLOWING DEPARTMENTS 2. N.C.C. 1. LIBRARY_____ 4. CHEMISTRY LAB._____ 3. PHYSICAL LAB._____ 6. ZOOLOGY LAB._____ 5. BOTAN LAB._____ 8. GEOGRAPHY LAB. 7. PSYCHOLOGY LAB._____ 9. Result Verification (from Exam. Deptt.) Mr. / Mr._____has APPEARED / PASSED / FAILED ______ Exam. _____held in the month of ______and secured _____-Div./Class. his Council / Univ. Roll No. Was_____ Sign. of Assistant (Exam) 10. No Dues (from Accounts Deptt.) Receipt of C.L.C. / T.C. Class Roll Section

Date:

(Particulars to be filed by the Candidate)

1.	Name of the stu	udent (in Capital letters)		N 1872	•	
2.	Father's Name (in Capital letters)					
3.	Date of Birth	Date of Birth(in words)				
4.	'Address (Local)					
	Permanent Address					
5.	Class	Roll	Ses	ssion		
6.	Unversity/Council Roll No		7. Registration No			
8.	Cont. No		_			
	SUBJECT TAKEN (FOR INTERMEDIATE STUDENTS)					
1.	MIL2		_ 2. L. L.	2. L. L.		
2.	OPTIONAL	1	2	25 8 2 4 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	*	
		3.	_ 4	Extra		
		5. Results				
	FOR DEGREE STUDENTS					
1.	MIL		_ 2. HON	S		
2.	SUBS/GEN.	1.	2			
		3.	4	Extra		
	38.	5. Results	2 2 2 2		ent give by	
fe M	e is Rs. 150/- 0 arksheet at the t	es will be issued after a wo Candidates are required to s ime of depositing application	subject their F	Photocopy of Admit Card	The TC/CLS and Copy of	
E	nclosed : Copy	of Matriculation Admit Car	d for proof o	Date of Birth.		
D	ate :			(Si	gn. of Student)	