[Copy to The Principal, PSM College of Dental Sciences, Thrissur]

TRANSFER FACILITATION SLIP (TFS)

For facilitating the Candidate to join the newly allotted College based on CEE's allotment

To

The Principal

PSM College of Dental Sciences, Thrissur

A. Request of the Candidate

1	Name of Candidate	AKSHARA VISHNU V
2	Roll No	436587

Present Admission Details

1	Admission No.	
2	Course	MD - BDS
3	College	KAD - Kannur Dental College, Anjarakandy, Kannur
4	Amount of Fee remitted	

New Allotment given by CEE based on higher option

1	Course	MD - BDS
2	College	PSD - PSM College of Dental Sciences, Thrissur

Signature of Parent

Signature of Candidate

B. Documents/Certificates handed over to Candidate

On examination of records, the above mentioned candidate is found re-allotted to that institution. The below mentioned documents submitted by the candidate in this office, is retransmitted herewith for favour of further action.

1. Plus Two/Diploma/Degree Certificate
2. Transfer Certificate
3. Physical Fitness Certificate

4. Other Certificates if any (write down details)

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Section Clerk

Superintendent

KANNUR DENTAL COLLEGE ANJARAKANDY KANNUR-670 612 (Office Seal)

PRINCIPAL

PRINCIPAL
KANNUR DENTAL COLLEGE
ANJARAKANDY KANNUR-670 612