

6. Month & Year of last exam.

MM		YYYY			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Examination seat Number Result

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

8. Class Obtained

<input type="text"/>

9. External Registration Number (For External Student Only) & Date of Registration

										DD	MM	YYYY			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Admission seeking for Course _____

11. Admission seeking in College _____

College Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

12. University of the college

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

13. Send my T.C. to

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

14. T.C. Fee Rs. 50 has been remitted by Cash/Demand Draft No.

(DD Number)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

DD	MM	YYYY
<input type="text"/>	<input type="text"/>	<input type="text"/>

PLACE:

Signature of the Student

Price- Rs. 10/-
By Post-Rs. 20/-

SHIVAJI UNIVERSITY, KOLHAPUR

APPLICATION FOR MIGRATION CERTIFICATE

(To be filled by the Authorities of the College last attended by the applicant in this University)

To,

The Controller of Examination,
Shivaji University, Kolhapur- 416 004.

Sir,

I have the honour to forward herewith the application of Shri/Smt. _____
_____ for a Migration Certificate.

The applicant has not been rusticated or debarred by the University, and I have no objection for Migration Certificate being Granted to him/her by the University.

1. Applicant's Full Name (Surname)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(First name)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Father's/Husband's name)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Mother name)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

2. Permanent Registration Number (PRN No)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

3. Sex (M-Male, F-Female)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Date of Birth as entered in the College Register is

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

DD MM YYYY

5. He/She has been student of this college since _____ & left in _____

The transference certificate is sent herewith in duplicate. No Application for a migration Certificate on behalf of this candidate was made previous to this date.

Yours Faithfully,

Place:-

Date:-

Seal & Signature of Principal
College

(To be filled by the student)

6. External Registration Number (for External Student)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

7. Examination of this University Passed by the applicant in their Order

Last Exam	Course Code	Month	Year	Center	Class	Seat No.	Subject
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Attested Xerox copy of the mark sheet of the last Examination must be attached.

(P.T.O.)

(2)

8. Address to which Migration Certificate Should be send

9. Date on which the prescribed fee of Rs. 100 is sent by DD/Paid in Cash

(DD Number)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

On DD MM YYYY

--	--	--	--	--	--	--	--

10. Address For Correspondence

Phone Number with STD code	
Mobile Number	

11. Permanent Address

Phone Number with STD code	
Mobile Number	

12. College & University to which the applicant proposes to migrate.

--

13. The name of the qualifying Examination passed by the applicant before admission to a college and the Name of the University or Examining Body which held it.

14. Other particulars* if necessary

Signature of the Student

[N.B. : The Migration Certificate cannot be issued unless the Transference Certificate issued in original & duplicate by the institution or college is received by the University with this application]

* If there is any period intervening between the date of application and the date of the Transference Certificate is issued from the Institution last attended, it should be accounted for in this column.