



APPLICATION FORM FOR

Migration Certificate –

1. Course Completion 2. Discontinuation of Studies
3. Duplicate

Passport size
photograph

TO BE FILLED BY THE OFFICE OF THE DIRECTORATE OF DISTANCE EDUCATION

Application Form No.:	Mode of Payment :	Date:
	Fee Receipt No. :	
	Amount :	
Category of Application: (Normal/Urgent/Super Urgent)	Name of Authorized Staff:	
	Signature:	

TO BE FILLED BY THE STUDENT

Name of the student in capital letter (as per the University Record)	:		Father's Name	:	
Roll Number	:		Enrolment Number	:	
Name of the Program of study	:		Specialisation	:	
Year of Passing	:		Date of Submission of Application	:	

Detail of Enclosure Self Attested (Mandatory) :

1. No dues certificate, if not submitted yet
2. Original Receipt of Fees Paid as per University norms
3. Xerox of Final Year Pass Mark Sheet
4. Xerox of High School & Intermediate Marksheet
5. Migration Certificate issued from previous Board / Institution in Original.
6. Copy of permission letter from Registrar Office for discontinuation of studies
7. Cutting of advertisement, News paper in Original for duplicate Migration Certificate
8. Copy of FIR for duplicate Migration Certificate

What is your preferred method of receiving the Migration Certificate ?	Personally: <input type="checkbox"/>	Mobile Number -
	Through Post / Courier: <input type="checkbox"/>	Email ID -
Address for mailing the Migration Certificate-Course Completion only, through Registered post/Courier in India, by paying the required postal charges. Receipt of the payment has to be submitted.		Full Postal Address :

Note: The University will not be responsible for any loss, damage, or delay in receiving the Migration Certificate while the document is in transit. The Migration Certificate will not be resent to the student if it is returned to the University for any reason. The student must collect it from the Office of the Directorate of Distance Education.

DECLARATION BY THE STUDENT

I solemnly declare that the information provided above is true and correct in all aspects. I have not concealed any information. I understand that if any of the information provided here is found to be incorrect or untrue, I shall be held responsible for the actions taken by the University.

Date: **Signature of Student:**

VERIFICATION BY THE Director, Directorate of Distance Education

This is to certify that the particulars mentioned by the candidate in the Form have been checked and verified & found correct by the undersigned.

Date: **Stamp & Signature of Directorate of Distance Education:**

FOR OFFICE OF THE CONTROLLER OF EXAMINATION USE ONLY

Date and time of Receipt of the Application: _____

Migration Certificate Issued on Dated : _____

Serial No. : _____

Authorised Signatory