

PT. B.D. SHARMA UNIVERSITY OF HEALTH SCIENCES, ROHTAK

Form for applying for Inter-University Migration Certificate
(All particulars to be filled in by the candidate himself / herself)

(All Field should be in CAPITAL LETTERS)

1. Name of the applicant (Student)
2. Father's Name
3. Mother's Name
4. Date of Birth
5. Registration No.
6. Previous Examination Results
 Examination Roll No.
 Passed / Failed
 Examination..... Year..... Roll No.
7. Whether any case of unfair means against the applicant is under consideration with the University?
8. Name of the institution, if still on Rolls
 Roll No.
9. Name of the Institution last attended
10. Name of the Institution where the application propose to join
11. No. Date & Value of Bank Draft
 University Receipt No. Date..... Value.....
12. Undertaking if any.....
13. Permanent Address (in CAPITAL LETTERS).....

Dated: _____

Signature of applicant

Forwarded with the remarks that I have no objection to the issue of the University Migration Certificate to the applicant (This certificate is required when the applicant is studying in a college/institute of this University or has left the College/Institute appearing in the University Examination or whose name has been struck off the college rolls).

Note:- The Principal / Head of the Department may please forward it after obtaining no dues certificate in respect of tuition fee, Library dues and also hostel dues etc.

Principal / Head of the Department

Postal Address
 (To be filled by the candidate)
 Name _____
 Address _____

 Pin Code _____
 Ph. No. _____

Postal Address
 (To be filled by the candidate)
 Name _____
 Address _____

 Pin Code _____
 Ph. No. _____

COF

Note:- Inter University Migration Certificate can be Issued to those who are already registered with this University.

PI issue a receipt of Rs. 500/-

AR (R&A)

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CERTIFICATE

(AFFIDAVIT TO BE SWORN IN BEFORE A FIRST CLASS MAGISTRATE)
For applicants who have lost the Original Migration Certificate and require duplicate)

I Solemnly declare that the Original Migration Certificate No.

Dated issued to me / my son/daughter/ward by the Registrar, Pt. B.D. Sharma University of Health Sciences, Rohtak has been lost and I/ He/She did not join any University on the basis of the same.

ATTESTED

1. Signature of the applicant

Signature.....

Full Address.....

or

11. Signature of the Father/ Guardian
(in case of minor/student)

Designation

Full Address.....

Stamp.....

FINAL ORDERS

Report of the Dealing Assistant

Form checked Migration Certificate No.

Dated.....

May be issued/rejected.....

Clerk / Assistant.....

Supdt. (Registration & Affiliation)
Asst. Dy. Registrar

(Registration & Affiliation)

INSTRUCTIONS

1. Migration form complete in all respects be sent to the Asst./Deputy Registrar (Registration and Affiliation Branch) Pt. B.D Sharma University of Health Sciences, Rohtak
2. Migration Certificate will be issued within a fortnight if the application is received complete in all respects.
3. All the required particulars should be carefully filled in by the applicant. The office will not be responsible for any delay in case the form is not complete in all respect.
4. Fee for migration is as below : in the shape of Bank Draft in favour of Finance Officer, Pt B.D Sharma University of Health Science, Rohtak or cash Receipt from the University cashier.
- (I) to get migration certificate by post.
5. Migration fee is not refundable in any case.
6. Attach attested copy of the last Examination.

NOTE :

1. Under the rule Inter-University Migration Certificates can be issued to those candidates who are already registered.
2. Migration Certificate can not be issued if any case of applicant is under consideration on account of unfair means or otherwise.

NOTE: Copy Right Reserved with the University.