

P.T. B.D SHARMA UNIVERSITY OF HEALTH SCIENCES,ROHTAK

Form for applying for inter-University Migration Certificate
(All particular to be filled by the candidate himself/herself)
(All field should be in Capital Letter)

- 1. Name of the applicant
- 2. Father’ Name
- 3. Mother’s Name
- 4. Date of Birth
- 5. Registration no.
- 6. Previous examination Result
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)
.....

Date..... 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

Permanent Address (To be filled by the candidate)	Correspondence Address (To be filled by the Candidate)
Name	Name
Address.....	Address.....
.....	
Pin code.....	Pin code.....
Ph. No.	Ph. No.

Note:- Inter University Migration certificate can be issued to those who are already registered with this University.	COF PI Issue a receipt of Rs. 500/-
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Superintendent (Registration)

CERTIFICATE
(AFFIDAVIT TO BE SWORN IN BEFORE FIRST CLASS MAGISTRATE)
For applicant 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

2. Signature of Father/Guardian
(In case of minor student)

Designation.....

Stamp

Full Address.....
.....
.....

FINAL ORDER

Report of the Dealing Assistant/Clerk

Form checked migration certificate no. Dated.....
May be issued/rejected

Clerk/Assistant.....

Superintendent (Registration)

INSTRUCTIONS

1. Migration form complete in all respects to be sent to the Superintend (Registration Branch, Pt. B. D. Sharma University of Health Sciences, Rohtak.
2. Migration Certificate will be issued within a fortnight (15 days) 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 form is not complete in all respects.
4. Fees for migration is as below: In the Shape of Bank Draft in Favour of Controller of Finance, Pt. B. D. Sharma University of Health Sciences, Rohtak. (To get Migration Certificate by post/by hand).
5. Migration fees is not refundable in any case.
6. Attach certified copy of the last Examination from exam Branch or copy of provisional Degree or Copy of Final year DMC.

Note :-

1. Under the rule inter- University migration certificate can be issued to those candidates who are already registered.
2. Migration Certificate can't be issued if any case of applicant is under consideration on account of unfair means/otherwise.

NOTE:- Copy right reversed with the University.