



PT. DEENDAYAL UPADHAYA MEMORIAL HEALTH SCIENCES AND AYUSH UNIVERSITY CHHATTISGARH, RAIPUR (C.G)

APPLICATION FOR MIGRATION CERTIFICATE (THIS FORM TO BE FILLED BY THE CANDIDATE)

PLEASE ATTACH ATESTED MARKSHEET OF ALL EXAMINATIONS WITH THIS APPLICATION FORM

To,

The Registrar
Pt. Deendayal Upadhyaya Memorial Health Sciences
and Ayush University of Chhattisgarh, Raipur (C.G) Pin -492010

I.....(Name of Candidate) Son/Daughter/Wife of(Father/Husband Name).....Passed/appeared/failed at theas a regular student.....from.....Now I desire to join the University of.....to study for theexamination my roll No. was.....and Enrollment No.....(Give full details of all the examinations appeared from this University and enclose all attested photo copies of Marks Sheet accordingly. Without copies of Marksheet It will not be Possible to issue the Migration Certificate . All attempts of appearing at all examination must also be show.)

Name of Exam	Roll No	Enrollment No.	Month	Year	result
1.					
2.					
3.					
4.					
5.					
6.					
7.					

After above mentioned examination I have not appeared in any examination from University.

In case of unfair means :

Name of ExamRoll No.....Month.....Year.....
Result.....Vide Notification.....dated.....20.....

I request a Migration Certificate be granted to me. If the Candidate Requires Migration fee 250/-only.

A Fee of Rs. 250/- has been paid at the University office by cash vide receipt No.....
Dated.....or sent to the University by bank draft no.....dated.....

I have no objection to his/her Migrating to another University.

(signature of the applicant)
full postal address

.....
.....
.....
Dist.....
state.....

(signature)
Dean/principal
college, (C.G.)

a.Roll No. ,Enrollment No. and all details must be given correctly.

b. Fee should preferably paid by bank Draft or deposited in the University cash counter.

(To be filled in the University office)

Fee of Rs.received and entered at No.of the receipt
Register.....20

(Handwritten signatures)