



Serial No. : 05654

BHARATHIAR UNIVERSITY, COIMBATORE - 641 046.

FORM OF APPLICATION FOR MIGRATION CERTIFICATE

- Note :
- (i) The application should be forwarded to the Controller of Examinations with a **Demand Draft / Challan** for Rs. ^{325/-}175/- (including cost of application) drawn in favour of the **Registrar, Bharathiar University, Coimbatore - 641 046.** A sufficiently (Rs. ^{80/-}.....) stamped self addressed envelop should be enclosed for sending the Migration Certificate by Registered Post. **The Fee, on no account be sent by money order.**
 - (ii) If the candidate has already obtained a Migration Certificate from this University and submitted the same to any University for joining a course of study therein, the candidate should obtain a Migration Certificate from that University. If the Migration Certificate already issued has not been utilized, the same should be surrendered to this office.
 - (iii) **A Copy of T.C. obtained from the college last studied and the mark statement of HSC or equivalent course should be enclosed.**

1. Name of the candidate as registered in this University :

2. The year, the college and course to which the candidate was first admitted in this University soon after Higher Secondary or equivalent course / Degree course

Year :

College :

Course :

3. HSC or equivalent exam. passed

(a) Month & year of passing :

(b) Register No. :

(c) School from which the Candidate appeared :

4. Details of last examination of this University which the candidate appeared for

(a) Last appearance :

(b) Register Number :

(c) Name of the Degree, Course and Branch :

(d) College of study :

5. Whether the candidate has discontinued the course of study after Joining but before appearing for any examination in this University : Yes / No

6. Fees payment details

DD / Challan No. : Dt.....

Bank :

Branch :

Amount Rs. :

7. The University in which the candidate now propose to join :

8. ADDRESS to which the Migration Certificate should be sent :

Station :

Date :

Signature of the Candidate

FOR OFFICE USE:

Folio No. :

Date :

Initial :

Controller of Examinations