

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 AT	IACH ATESTE	D MARKSHEET OF AL	L EXAMINATIO	ONS WITH THI	S APPLICATION FORM
To,					
The Registr Pt. Deenday and Ayush I	yal Upadhaya Me	morial Health Sciences attisgarh, Raipur (C.G) Pin	-492010		
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Name)		Passed/annoared/fai	led at the	te) son/Daugi	as a re
student	from	rasseu/appeareu/iai	ied at the	······	as a reg
+o c+d.		INOW I (desire to join ti	ne University	of
to study	for the	ex	amination my	y roll No. wa	s
and Enro	ilment No	(Give full	details of al	I the examin	nations appeared from
University and e	enclose all a	ttested photo copie	s of Marks	Sheet acco	dingly. Without copies
Marksheet It will	not be Pos	sible to issue the M	ligration Certi	ificate . All at	tempts of appearing a
examination must	also be show.	.)			
Name of Exam	Roll No	Enrollment No.	Month	Year	result
1.			15		
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		tion I have not appea	red in any exa	mination from	University.
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Name of Exam		Roll No		Month	Year
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l request a Migratio	on Certificate	be granted to me. If t	he Candidate	Requires Migr	ation fee 250/-only.
A Fee of Rs. 2	50/- has be	en paid at the Un	iversity office	by cash vio	le receipt No
Dated	or se	nt to the University	by bank draft	no	dated
I have no objection	to his/her Mi	grating to another Ur	niversity.		
					(signature of the application)
					full postal address
(signature)					
Dean/principal					
college, (C.G.)				state	
	nt No. and all	details must be give	n correctly		
o. Fee should prefe	rably paid by	bank Draft or deposit	ed in the Unive	ersity cash co	inter
	(To be filled in the Un	iversity offive)	ATTECT.
ee of Rs	rec	eived and entered at	No	of the r	eceipt
Register		20			245950 [13]



