

Price : Rs. 10/-

MAHARSHI DAYANAND UNIVERSITY, ROHTAK

(Form applying Migration from one Recognised College to Another)

- Note :
1. All the particulars, required below, should be eligible and accurately filled in by the candidate himself/herself. The office will not be responsible for any delay in case the form is not complete in all respects.
 2. To enable the office to expedite despatch of the certificate, the applicant advised, in his own interest to remit the fee of Rs. 500 for the certificate by Bank Draft in favour of Registrar/Finance Officer, M.D. University, Rohtak or Cash University receipt alongwith his application form in a registered cover to the Asstt./ Dy. Registrar (R & S) M.D. University, Rohtak.

Particulars to be filled in by the Candidate

1. Name (Student) _____
2. Father's Name _____
3. University Regn. No. _____
4. Class _____ Arts/Science _____ College Roll No. _____
5. Subject taken _____
6. Name of the College where studying _____
7. Name of the college to which migration is sought _____
8. Previous examination results :
Matric/Sr. Secondary _____
Passed/Failed _____
Inter _____ Year _____ Roll No. _____
9. Reasons for migration _____
10. Fee of Rs. 20.00 remitted by :
 - a) Bank Draft No. _____ Dated _____ Bank _____
 - b) University Receipt No. _____ Dated _____

Signature of the gurdian _____

Dated _____

Singnature of the Student _____

Address _____

REMARKS

Certified that :

1. the statement made by the student is correct
2. in case, Registration No. has not been received.
 - a) the registration return, along with fee etc. has already been sent.

OR

is being sent separately.

Signature of the Head of Dept./Principal of the college (item 6) & Office stamp. Remarks by the University Office Particulars are in order.

The certificate No. _____ may be issued

Dealing Asstt.

Supdt. (R & S)

Address on which information is to be sent to the candidate (in capital letters)

REMARKS

1. Certified that this Dept./College is affiliated to this University for all the subjects offered by the applicant and I have no objection to this transfer. I will admit the student to the _____ year Class if the migration is allowed.

2. Certified that the seat allowed to the student is within the quota of seats allowed by the University Signature of Head of Dept./Principal of the College (item-7) & Office Stamp.

Asstt./Dy Registrar

Name _____

Address _____