

Punyashlok Ahilyadevi Holkar Solapur University, Solapur.

Sir. No.



APPLICATION FOR MIGRATION CERTIFICATE



(To be filled In by the Authorities of the College last
attended by the applicant In this University)

To,

The Director Board Of Examination & Evaluation,
Punyashlok Ahilyadevi Holkar Solapur University,
Solapur - 413255.

Sir,

I have the honour to forward herewith the application of Shri/Smt. _____
_____ for a Migration Certificate.

The applicant has not been rusticated of debarred by the University, and I have no objection for Migration Certificate being granted to him/her by the University.

1. Applicants Full Name (Surname) _____

(First Name) _____

(Father's/Husband's Name) _____

2. Permanent Registration Number (PRN No.) _____

3. Email ID _____

4. Mobile No. _____

5. Sex (M - Male, F - Female)

6. Date of Birth as entered in the College Register is
DD MM YYYY

7. He / She has been student of this college since _____ & left in _____.
The transference certificate is sent here with in duplicate. No. Application for a migration certificate on behalf of this candidate was made previous to this date.

Yours Faithfully

Seal & Signature of Principal
College

Place :

Date :

(To be filled by the student)

8. Address for Correspondence With Pin-code _____

9. Permanent Address with Pin-code _____

10. Address to which Migration Certificate should be send with pincode

11. Date on which the prescribed Fee of Rs. 250 is sent by DD/ Paid in Cash / Online Payment

(DD Number/UTR No.)

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On

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DD

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MM

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YYYY

12. External Registration Number (PRN) (For External / Students only)

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13. Examination of this University Passed by the applicant in their order

Last Exam	Course Code	Month	Year	Centre	Class	Seat No.

Attested Xerox Copy of the Marksheet of the Last Examination must be attached.

14. College & University to which applicant proposes to migrate.

College

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University

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15. The name of the qualifying examination passed by the applicant before admission to a college and the Name of the University of Examing Body which held it

16. Other particulars * if necessary _____

Signature of the Student

(N. B. The Migration Certificate cannot be issued unless the Transference Certificate issued in original & duplicate by the institution or college is received by University with this application.)

* If there is any period intervening between the date of application and the date of Transference Certificate is issued from the Institution last attended, it should be accounted for in this column.



Punyashlok Ahilyadevi Holkar Solapur University, Solapur.

APPLICATION FOR TRANSFERENCE CERTIFICATE

(To be accompanied with M. C. From)



To Principal,

The Director Board Of Examination & Evaluation,
Punyashlok Ahilyadevi Holkar Solapur University,
Solapur - 413 255.

(Surname)

1. Name in Full

(First Name)

(Father's / Husband's Name)

2. Sex (M-Male, F-Female) (PRN Number)

3. Address For Correspondence

4. Permanent Address

5. Email Id

6. Mobile Number

LAST EXAMINATION DETAILS:

7. Name of last exam. Course Code

8. Month & Year of last exam.
MM YYYY

9. Examination Seat Number Result

10. Class Obtained

(P.T.O.)

11. External Registration Number
(For External Student Only) &
Date of Registrations

DD MM YYYY

12. Admission seeking for course

13. Admission seeking for college

College Code

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14. Affiliated to University College

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15. Send my T.C. to

DD No.

16. T.C. Fee Rs. 210 has been
Remitted by Cash/Demand Draft No

DD MM YYYY

PLACE:

DATE:

Signature of the Student